MetLife®

READ YOUR OUTLINE OF COVERAGE

Group Critical Illness Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is your employer:**

State of Alaska

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

To access and read your Outline of Coverage:

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

OR

- If you do not reside in one of the above listed states, click on the box below that shows the name of the **GROUP POLICY ISSUANCE STATE. The GROUP POLICY ISSUANCE STATE is: Alaska**

Alaska

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

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

Alabama	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	
District of Columbia	Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa
Kansas	Kentucky	Louisiana	Maine	Maryland	Massachusetts	Michigan	Minnesota
Mississipi	Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico
New York	North Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Puerto Rico
Rhode Island	South Carolina	South Dakota	Tennessee	Texas	Utah	Vermont	Virginia
Washington	West Virginia	Wisconsin	Wyoming				

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is

insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or

- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs

during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

9) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

10) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

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The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);

- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the

Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or

- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate. However, a preexisting condition does not include any sickness or injury for which there is no evidence that the sickness or injury actually existed before the Covered Person is insured under the Group Policy.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8 WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

NOTICE REGARDING INSURANCE DESCRIBED

IN THIS OUTLINE OF COVERAGE

This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.

CA Disclosure

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One Certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

Notice to Buyer: The insurance described in this outline of coverage is Critical Illness Insurance. Subject to the provisions of the Group Policy and the Certificate, including limitations, exclusions and submission of proof of a Covered Condition, the Certificate provides a limited benefit in the event you are Diagnosed with certain specified diseases, or have certain surgical procedures performed. ***The Certificate pays nothing for certain forms of cancer. See the definitions of Full Benefit Cancer and Partial Benefit Cancer, and the exclusions that apply to Full Benefit Cancer and Partial Benefit Cancer in the section titled "Exclusions Related to Covered Conditions."***

It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first

time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance. You must have comprehensive medical coverage in place to enroll for this insurance.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer****;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

The Certificate pays nothing for certain forms of cancer. Read the Certificate carefully.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer****; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

The Certificate pays nothing for certain forms of cancer. Read the Certificate carefully.

**** No benefits are payable under either Full Benefit Cancer or Partial Benefit Cancer for any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth; any papillary tumor of the bladder classified as Ta under TNM Staging; or any tumor of the prostate classified as T1N0M0 under TNM Staging. Several other conditions are also excluded from either Full Benefit Cancer or Partial Benefit Cancer. See the Exclusions that apply to Specific Covered Conditions for details.

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

MAMMOGRAM BENEFIT
If a covered person undergoes a Covered Mammogram while such covered person is insured under the group policy, proof of the Covered Mammogram must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay $200 for such Covered Mammogram.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and

- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a Certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);

- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Covered Mammogram means each of the following when provided to a female covered person upon the referral of a physician, nurse practitioner or certified nurse midwife who is: (a) providing care to such female covered person; and (2) acting within the scope of a valid license with respect to the provision of such care:

- one baseline mammogram for such female covered person age 35 to 39 inclusive;
- one mammogram every two years for such female covered person age 40 to 49 inclusive, provided however, that upon the recommendation of the female covered person's physician, one mammogram per year; and
- one mammogram per year for such female covered person age 50 and over.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue or the presence of one or more malignant tumors where there is metastasis.

Full Benefit Cancer does not include:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

The Certificate pays nothing for certain forms of cancer. Read the Certificate carefully.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ which is a tumor that fulfills all pathologic criteria for malignancy except that it has not invaded the supporting structure of the organ on which it arose (for example, some cancers of the breast are carcinoma in situ), provided that the carcinoma in situ is classified as TisN0M0 and that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who practices in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0.

Partial Benefit Cancer does not include:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

The Certificate pays nothing for certain forms of cancer. Read the Certificate carefully.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage (bleeding, loss of a large amount of blood from the blood vessels);
- thrombus (a stationary blood clot along the wall of a blood vessel; or
- embolus (a mass, such as an air bubble, detached blood clot, or foreign body that travels through the bloodstream and lodges in a blood vessel) from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, 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.

Other Exclusions:

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 a claim or to which a contributing cause was such covered person's being engaged in an illegal occupation.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a Certificate, or before any Benefit Increase with respect to such covered person, medical treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a Covered Condition that is caused by or results from a preexisting condition if the Covered Condition Occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a Covered Condition that is caused by or results from a preexisting condition if the Covered Condition Occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount

that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS: Your

insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One Certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The Certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the Certificate, including limitations, exclusions and submission of proof of a covered condition, the Certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a Certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a Certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or

- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a Certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

SPECIFIED DISEASE INSURANCE OUTLINE OF COVERAGE

Specified Disease Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides specified disease coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **SPECIFIED DISEASE INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE
Occupational HIV	100% of Benefit Amount	NONE

SPECIFIED DISEASE BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE, KIDNEY FAILURE AND OCCUPATIONAL HIV

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.
7. Occupational HIV.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

SPECIFIED DISEASE BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

SPECIFIED DISEASE BENEFITS FOR MAJOR ORGAN TRANSPLANT

If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);

- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for any covered conditions caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the covered person's physician.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Civil Union Partner means a relationship similar to marriage that is recognized as a Civil Union by the District of Columbia

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the

Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or

- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant***:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	100% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under this Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
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The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

Payment of this benefit does NOT reduce the Total Benefit Amount.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

LIMITED BENEFIT CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides limited benefit critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a covered person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the covered person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a covered person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the covered person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a covered person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9 PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One Certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The Certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the Certificate, including limitations, exclusions and submission of proof of a covered condition, the Certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or

- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for an Occurrence that is not a Recurrence of the following Covered Conditions experienced by a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Once we have paid an Initial Benefit for Alzheimer's Disease, we will not pay another Initial Benefit for Alzheimer's Disease.

Once we have paid an Initial Benefit for Coronary Artery Bypass Graft, we will not pay another Initial Benefit for Coronary Artery Bypass Graft.

Once we have paid an Initial Benefit for Full Benefit Cancer, we will not pay another Initial Benefit for Full Benefit Cancer unless the subsequent Occurrence of Full Benefit Cancer is Separate & Unrelated.

Once we have paid an Initial Benefit for Heart Attack, we will not pay another Initial Benefit for Heart Attack.

Once we have paid an Initial Benefit for Kidney Failure, we will not pay another Initial Benefit for Kidney Failure.

Once we have paid an Initial Benefit for Stroke, we will not pay another Initial Benefit for Stroke.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for an Occurrence that is not a Recurrence of the following Covered Conditions experienced by a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or

2. a Listed Condition.

Once we have paid an Initial Benefit for Partial Benefit Cancer, we will not pay another Initial Benefit for Partial Benefit Cancer unless the subsequent Occurrence of Partial Benefit Cancer is Separate & Unrelated.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for an earlier Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for an earlier Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for an earlier Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for an earlier Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay:

- the first time any one of the Listed Conditions Occurs while coverage is in effect under the certificate;
- the first time Full Benefit Cancer Occurs while coverage is in effect under the certificate;
- any subsequent time Full Benefit Cancer Occurs while coverage is in effect under the certificate and after an Initial Benefit has already been paid for Full Benefit Cancer if the subsequently Occurring Full Benefit Cancer is Separate & Unrelated to the Full Benefit Cancer for which an Initial Benefit has already been paid;
- the first time Partial Benefit Cancer Occurs while coverage is in effect under the certificate;
- any subsequent time Partial Benefit Cancer Occurs while coverage is in effect under the certificate and after an Initial Benefit has already been paid for Partial Benefit Cancer if the subsequently Occurring Partial Benefit Cancer is Separate & Unrelated to the Partial Benefit Cancer for which an Initial Benefit has already been paid;
- the first time each of the following Covered Conditions occurs while coverage is in effect under the certificate: Alzheimer's Disease; Coronary Artery Bypass Graft; Heart Attack; Kidney Failure; and Stroke.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:

- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;

- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: **Your Employer**
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any narcotic, hallucinogen, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” narcotic, hallucinogen, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs

during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT

If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the

Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or

- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a covered person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the covered person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a covered person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the covered person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a covered person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit.

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- • the date 31 days after the date your employment ends for any reason other than a Plant Closing, or a Partial Plant Closing or your retirement unless, during such 31 day period, you become entitled to benefits under another policy that are similar to the benefits provided under the certificate; or
- the date 90 days after the date your employment ends due to a Plant Closing or a Partial Plant Closing unless, during such 90 day period, you become entitled to benefits under another policy that are similar to the benefits provided under the certificate.

Plant Closing and **Partial Plant Closing** have the meaning set forth in Massachusetts Annotated Law, Chapter 151A, Section 71A.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certifcate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. is Diagnosed with such Covered Condition; and
  2. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

<u>Exclusions Related to Covered Conditions:</u>

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:

- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- Diagnosis of a Listed Condition that is not a definitive Diagnosis.

We will not pay benefits for a Major Organ Transplant***:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts. A Preexisting Condition does not include a condition revealed on the Enrollment Form.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the grace period following the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason other than your retirement.

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

8) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

SPECIFIED DISEASE INSURANCE

THIS CERTIFICATE PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER MEDICAL EXPENSES

OUTLINE OF COVERAGE

Specified Disease Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Cancer Insurance to review the possible limits on benefits in this type of coverage.

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

3) **SPECIFIED DISEASE INSURANCE COVERAGE** is designed to provide a lump sum payment ONLY if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy. Coverage is NOT provided for other diseases or accidents.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount

Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

SPECIFIED DISEASE BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

SPECIFIED DISEASE BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

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Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

1) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or

- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

RENEWABILITY OF THE GROUP POLICY. Once the Group Policy is in effect, it will remain in force until ended by either MetLife or the Group Policyholder.

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- voluntarily taking or using any narcotic unless it is taken or used as prescribed by a physician:
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States. If this happens, the covered condition will be deemed to have occurred on the date the diagnosis outside the United States was made.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the Certificate.

Other Exclusions:

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. The certificate does not provide coverage for mental illness or chemical dependency. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT

If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

Mammogram Benefit
For women who are 35 years of age or older, a mammogram that is performed will be covered each year for $70.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or

- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);

- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is voluntarily intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

10) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. **Premium Rates for you are also subject to change at other times as stated in each of the group policies.** The applicable premium for you is shown in the rate sheet.

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

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

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

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The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.
We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- committing a felony or attempting to commit a felony;
- participating in a riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

9) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

10) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS COVERAGE ONLY
THIS CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES
OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One Certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The Certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the Certificate, including limitations, exclusions and submission of proof of a Covered Condition, the Certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a Certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

3) CRITICAL ILLNESS INSURANCE COVERAGE – Policies of this category are designed to provide to persons insured, restricted coverage payment benefits ONLY when certain losses occur as a result

of critical illness. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expense. Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

4) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

5) BENEFITS OF YOUR CERTIFICATE

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
All Other Cancer	$100	$100
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Severe Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, SEVERE STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Severe Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR ALL OTHER CANCER
If All Other Cancer First Occurs for a covered person, while such covered person is insured under the certificate, proof of All Other Cancer must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the initial benefit for All Other Cancer, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount. .

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and

We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer or an All Other Cancer unless:

1. the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Severe Stroke:
  1. an Occurrence of Severe Stroke after we have already paid an Initial Benefit for the First Occurrence of Severe Stroke.

- with respect to All Other Cancer:
  1. an Occurrence of All Other Cancer after we have already paid an Initial Benefit for the First Occurrence of All Other Cancer.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a Certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

6) DEFINITIONS

All Other Cancer means all cancers that are not Full Benefit Cancer or Partial Benefit Cancer.

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Severe Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer, All Other Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as Stage 0 and as TisN0M0 (cancer cells that still lie in the tissue of the site of origin and have not spread to neighboring tissue), provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as Stage I and as T1-4N0-3M0-1 provided that such tumors are treated by endoscopic procedures alone. (In other words:
  - the primary tumor is assigned a "T1", "T2", "T3" or "T4":
  - the extent of spread to lymph nodes is assigned a "N0", "N1", or "N3"; and
  - the absence or presence of distant metastasis is assigned an "M0" or "M1";
    provided that such tumors are treated by endoscopic procedures alone);
- malignant melanomas classified as Stage I and T1N0M0 (localized melanoma that has not spread to the lymph nodes and where there is no distant metastasis), for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness;
- tumors of the prostate classified as Stage II and T1bN0M0 (cancer that cannot be detected by digital rectal examination or seen by imaging, which is incidentally found when prostate tissue is removed for reasons other than cancer, which occupies more than 5% of the tissue removed, that has not spread to the lymph nodes and where there is no distant metastasis), provided that they are treated with a radical prostatectomy or external beam radiotherapy; and
- tumors of the prostate classified as Stage II and T1cN0M0 (cancer that cannot be

detected by digital rectal examination or seen by imaging, which is identified by needle biopsy, often because of elevated PSA levels, that has not spread to the lymph nodes and where there is no distant metastasis), provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:
- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Severe Stroke means a cerebrovascular accident or incident producing measurable and functional neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:
- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

7) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of All Other Cancer for:
- a condition that is Full Benefit Cancer; or
- a condition that is Partial Benefit Cancer.

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified under TNM Staging as Stage 0a and as TaN0M0 (a tumor of the bladder that has not spread to the lymph nodes and where there is no distant metastasis);

- any tumor of the prostate classified under TNM Staging as T1N0M0 (cannot be detected by digital rectal examination or seen by imaging, which has not spread to the lymph nodes and where there is no distant metastasis);
- any papillary tumor of the thyroid that is classified under TNM Staging as Stage I and as T1N0M0 or less (a tumor that is confined to the thyroid gland, which has not spread to the lymph nodes and where there is no distant metastasis) provided that such tumor is one centimeter or less in diameter (unless there is metastasis);
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer (unless there is metastasis); or
- any malignant tumor classified under TNM Staging as Stage 0, Stage I or Stage II and as less than T1N0M0.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified under TNM Staging Stage 0a and as TaN0M0 (a tumor that has not spread to the lymph nodes and where there is no distant metastasis);
- any tumor of the prostate classified under TNM Staging as Stage I or Stage II and as T1aN0M0 (cancer that cannot be detected by digital rectal examination or seen by imaging, which is incidentally found when prostate tissue is removed for reasons other than cancer, that is limited to 5% or less of the prostate tissue removed, that has not spread to the lymph nodes and where there is no distant metastasis);
- any papillary tumor of the thyroid that is classified under TNM Staging as Stage I and as T1N0M0 or less (a tumor that is confined to the thyroid gland, which has not spread to the lymph nodes and
- where there is no distant metastasis) provided that the tumor is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified under TNM Staging as Stage 0 and as TisN0M0 (cancer cells that still lie in the tissue of the site of origin and have not spread to neighboring tissue).

We will not pay benefits for a Diagnosis of Severe Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for Covered Conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;

- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any Covered Condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any Covered Condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a Certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a Covered Condition that is caused by or results from a preexisting condition if the Covered Condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the Covered Condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Severe Stroke.

8) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
  the date the Total Benefit Amount has been paid for you;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason other than your retirement.

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

MetLife is in the process of completing group insurance filings in all required states. MetLife will keep you up-to-date on the status of all group insurance filings and any state-specific variations required by insurance departments.

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Dependent means the following as defined in the Certificate(s): your spouse, domestic partner, and/or dependent child.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or

- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8 WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. is Diagnosed with such Covered Condition; and
  2. all other causes have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

BENEFIT INCREASES

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is

insured under the Group Policy, an Occurrence of a Separate and Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

(7) LIMITATIONS

Reduction of Benefits On Account or Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate and, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE

Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT

If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is

insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

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The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in bothe the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) MEDICAL COVERAGE – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) BENEFITS OF YOUR CERTIFICATE

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered

person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
<u>Health Screening Benefit</u>
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

The covered tests are: breast MRI; breast ultrasound; breast sonogram; carotid doppler; colonoscopy; virtual colonoscopy; flexible sigmoidoscopy; endoscopy; digital rectal exam (DRE); electrocardiogram

(EKG); fasting blood glucose test; fasting plasma glucose test; two hour post-load plasma glucose test; hemocult stool specimen; mammogram; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; blood test to determine total cholesterol; blood test to determine triglycerides; or stress test on bicycle or treadmill.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an

entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:
- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:
- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:
- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:
- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:
- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;

- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI-UT
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is

insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or

- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs

during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or

- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

LIMITED BENEFIT INSURANCE OUTLINE OF COVERAGE

Limited Benefit Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides limited benefit coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **LIMITED BENEFIT INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

BENEFITS FOR MAJOR ORGAN TRANSPLANT

If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount

Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a covered person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the covered person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a covered person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the covered person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a covered person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any Kaposi's Sarcoma;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any Kaposi's Sarcoma;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;

- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony for which such covered person was convicted;
- participating in a riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the last day of the 31 day grace period following the date the last full premium was paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason other than your retirement.

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

SPECIFIED DISEASE INSURANCE OUTLINE OF COVERAGE

Specified Disease Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides specified disease coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **SPECIFIED DISEASE INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

SPECIFIED DISEASE BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

SPECIFIED DISEASE BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

SPECIFIED DISEASE BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);

- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant***:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount

Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES
Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

MetLife®

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

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

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

This disclosure provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Metropolitan Life Insurance Company ("MetLife").

This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage you may have.

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

The benefits under this policy are summarized below:

- **Type of Coverage: Critical Illness Insurance Coverage.** Policies of this category are designed to provide a fixed payment if the covered person is diagnosed with certain specified diseases or has certain surgeries performed for the first time after the coverage effective date. Alzheimer's Disease, Heart Attack, Kidney Failure, Listed Conditions, Major Organ Transplant, Stroke, Full Benefit Cancer, Partial Benefit Cancer and Coronary Artery Bypass Graft (the "covered conditions") are the only diseases or surgeries for which a covered person may receive benefits under the certificate.

- **Benefit Amount:**

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

The Benefit Amount will be _____.
(amount chosen by you)

The Total Benefit Amount will be an amount equal to three times the Benefit Amount.

- **Benefit Triggers – Critical Illness Benefits:**

Critical Illness Benefits For Alzheimer's Disease, Coronary Artery Bypass Graft, Full Benefit Cancer, Heart Attack, Kidney Failure, Major Organ Transplant and Stroke: If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for one of the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the certificate:
1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Kidney Failure
6. Major Organ Transplant; or
7. Stroke.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Critical Illness Benefits For Partial Benefit Cancer And Listed Conditions: If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:
1. Partial Benefit Cancer; or

2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Critical Illness Benefits For Major Organ Transplant: If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.
We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

Recurrence Benefit: We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Re-Occurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of that same Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of that same Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- With respect to Stroke:

1 an Occurrence of Stroke after we have already paid an initial benefit for the First Occurrence of a Stroke.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously diagnosed Full Benefit Cancer; and
- distinct from any previously diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Reduction of Benefits on Account of Prior Claims Paid: We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

- **Benefit Triggers – Supplemental Benefits:**

Health Screening Benefit: If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

- **Duration of Coverage**

Your insurance will end on the earliest of:

- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason.

A Dependent's insurance will end on the earliest of:

- the date your insurance under the certificate ends;
- the date Dependent Insurance ends under the group policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases insurance may be continued as stated in the section of the certificate titled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

- **Renewability**
  The group policy will continue in force until it is canceled by either the group policyholder or MetLife.

Policy provisions that exclude, eliminate, restrict, limit, delay, or in any other manner operate to qualify payment of the benefits described above include the following:

1) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

Evaluation Center means a facility that is:
- licensed or certified under the laws where it is located to provide diagnostic services for the Covered Condition for which evaluation is sought; and
- which has been recognized by the group policyholder in writing as an evaluation center for purposes of the Evaluation Benefit.

First Occurs or First Occurrence means, with respect to:
- Full Benefit Cancer, the first time after a covered person initially becomes insured under the group policy that such Covered Condition occurs.
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Partial Benefit Cancer; or
- all other Covered Conditions the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a medical practitioner, as defined in the certificate, has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases: Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia; (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with another entire organ is medically necessary;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with another liver or liver tissue is medically necessary; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another donor, which replacement is determined to be medically necessary by a physician who is board certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the group policy.

Occurs or **Occurrence** means:

- with respect to Heart Attack or Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or any of the Listed Conditions that the covered person:
  1. experiences such Covered Condition; and
  2. is diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that a physician has determined that:
  1. the entire replacement of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, with another entire organ, is medically necessary to treat the irreversible failure of such organ;
  2. the complete or partial replacement of the covered person's liver with another liver or liver tissue is medically necessary to treat the irreversible failure of the covered person's liver; or
  3. that a Physician has determined that the replacement of the covered person's bone marrow with bone marrow from the covered person or another human donor is

medically necessary to treat the irreversible failure of the covered person's bone marrow.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a medical practitioner, as defined in the certificate;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit.

Total Benefit Amount means the maximum aggregate amount, as specified in the certificate, that we will pay for any and all covered conditions combined, per covered person, per lifetime, as provided under the certificate. The Total Benefit Amount does not include Supplemental Benefits.

2) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:

- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving stem cell generated transplants; or
- involving islet cell transplants.

We will not pay benefits for a diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

We will not pay benefits for Listed Conditions for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

General Exclusions:
We will not pay benefits for covered conditions caused or contributed to by a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition first occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.
This provision does not apply to benefits for the following covered conditions: Heart Attack and Stroke.

3) BENEFIT INCREASES

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) PREMIUMS.

Premium rates change based on age. Premium rates for are also subject to change at other times as stated in the group policy.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CANCER AND SPECIFIED DISEASES INSURANCE OUTLINE OF COVERAGE

NO RECOVERY FOR PRE-EXISTING DIAGNOSED CANCER – READ CAREFULLY. No benefits will be provided under the Certificate for cancer that is diagnosed before the 30th day after the effective date of the coverage.

IMPORTANT CANCELLATION INFORMATION: Please read Section 9 of this Outline of Coverage titled "When Insurance Ends" found on page 11.

Cancer and Specified Diseases Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from MetLife. The certificate provides cancer and specified diseases coverage only. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CANCER AND SPECIFIED DISEASES INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified

diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) BENEFITS OF YOUR CERTIFICATE

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or

- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.

- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.

- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.
- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- actively participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Other Exclusions:

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

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

MetLife®

METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP09-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to ABC Company. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

If you are under age 65, please read the following:
The certificate is a group certificate. The certificate provides specified disease coverage ONLY. The certificate does NOT provide basic hospital, basic medical or major medical insurance, as defined by the New York State Department of Financial Services.

If you are age 65 or older, please read the following:
The certificate is a group certificate. The certificate provides specified disease coverage ONLY. The certificate does NOT provide Medicare supplement insurance, long term care insurance, nursing home insurance only, home care insurance only or nursing home and home care insurance as defined by the New York State Department of Financial Services. You may also contact your local social security office or MetLife and obtain a copy of the Guide to Health Insurance for People with Medicare.

It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

1) **READ YOUR CERTIFICATE CAREFULLY** – This disclosure document provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is diagnosed with certain specified diseases the first time after insurance takes effect under the Group Policy.

3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You must have medical insurance in place when you apply for coverage under the Group Policy.

4) BENEFITS OF YOUR CERTIFICATE

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

The Benefit Amount that determines the benefits for Covered Conditions is shown on your enrollment form. The Total Benefit Amount, which is the maximum aggregate amount that we will pay for any and all Covered Conditions except Major Organ Transplant, combined, per covered person, per lifetime is equal to 3 times the Benefit Amount that you select. The Total Benefit Amount does not include the Health Screening Benefit or the Major Organ Transplant Benefit.

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Cancer		
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Skin Cancer	5% of Benefit Amount (but not less than $250)	NONE
Coronary Artery Disease	100% of Benefit Amount	NONE
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	50% of Benefit Amount
Stroke	100% of Benefit Amount	50% of Benefit Amount

Recurrence Benefit:

We will pay the Recurrence Benefit shown above for a Recurrence. "Recurrence" means:

- with respect to Cancer, a second occurrence of Cancer that occurs after an initial Benefit was paid for a first occurrence of that same Cancer;
- with respect to Major Organ Transplant, an occurrence of Major Organ Transplant after an initial benefit was paid for a first occurrence of Major Organ Transplant with respect to a different organ or combination of organs;
- with respect to any other Covered Condition, a second occurrence of that Covered Condition after we have already paid an initial benefit for the first occurrence of that Covered Condition.

Health Screening Benefit

If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

5) DEFINITIONS

Coronary Artery Disease means the blockage or narrowing of one or more coronary arteries due to atherosclerotic heart disease for which a physician has determined coronary artery bypass graft to be medically necessary.

Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue or the presence of one or more malignant tumors where there is metastasis.

Partial Benefit Cancer means one of the following conditions that meets the TNM Staging classification and other qualifications specified below:

- a carcinoma in situ wherein the malignant tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue; and
- tumors of the prostate classified as T1N0M0, including but not limited to T1aN0M0, T1bN0M0, or T1cN0M0 under TNM Staging.

Skin Cancer means any malignant growth that arises on the surface of the skin that is a:

- basal cell carcinoma;
- squamous cell carcinoma;
- melanoma classified as Clarks Level I (melanoma in situ); or
- melanoma classified as Clarks Level II.

Full Benefit Cancer means any form of Cancer that is not Partial Benefit Cancer or Skin Cancer.

Major Organ Transplant means:

- the irreversible failure of a covered person's heart, lung, pancreas or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary ; or
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician.

Major Organ Transplant does not include:

- failure of an organ caused by trauma;
- surgery performed outside the United States, Canada or Mexico;
- surgery involving stem cell generated transplants; or
- surgery involving islet cell transplants.

Stroke means a cerebrovascular incident producing measurable, functional and permanent neurological impairment caused by any of the following which result in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extra-cranial source.

Stroke does not include:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

6) EXCLUSIONS

General Exclusions:

We will not pay benefits for any loss for a covered person caused or contributed to by the covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide;
- being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

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, Canada or Mexico, in which case the covered condition will be deemed to occur on the date of the diagnosis made outside the United States, Canada or Mexico.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such
covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the certificate.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for the Health Screening Benefit or payment of Critical Illness Benefits for Major Organ Transplant. Prior claims paid for the Health Screening Benefit or Major Organ Transplant are disregarded when determining whether benefits for other Covered Conditions will be reduced under this provision.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason other than your retirement.

9) PREMIUMS

PREMIUM RATES CHANGE BASED ON AGE. Premium rates for you are also subject to change at other times as stated in the group policy.

10) DISCLOSURE

This disclosure statement is a very brief summary of the certificate.

The certificate itself sets forth the rights and obligations of both you and MetLife. It is therefore imperative that you READ YOUR CERTIFICATE carefully.

The expected benefit ratio for this certificate is 70%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all the people with this policy or certificate.

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

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Your Employer
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate is a group certificate. This certificate provides critical illness coverage ONLY. It does NOT provide comprehensive medical or hospital insurance, Medicare supplement insurance, long-term care insurance, nursing home insurance only, home health care insurance only, or nursing home and home care insurance. You may contact your local Social Security office or MetLife and obtain a copy of the Guide to Health Insurance for People with Medicare.

Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

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

2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3) MEDICAL COVERAGE – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You must have medical insurance in place when you apply for coverage under the Group Policy.

4) BENEFITS OF YOUR CERTIFICATE

Covered Condition	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Disease	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY DISEASE, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer's Disease;
2. Coronary Artery Disease;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS
If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT
If Major Organ Transplant First Occurs for a covered person, while such covered

person is insured under the Certificate, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the Certificate.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the Certificate.

RECURRENCE BENEFIT
We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Coronary Artery Disease:
  1. an Occurrence of Coronary Artery Disease if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Disease.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS
Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Alzheimer's Disease means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- angosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Coronary Artery Disease means the blockage or narrowing or one or more coronary arteries due to atherosclerotic heart disease for which a Physician has determined coronary artery bypass graft to be medically necessary.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or

- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Listed Condition or Listed Conditions means any of the following diseases:
Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant means:
- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or

- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person is Diagnosed with such Covered Condition

- with respect to Coronary Artery Disease, that a physician makes a Diagnosis that coronary artery bypass graft is medically necessary to correct narrowing or blockage of any of the covered person's coronary arteries.

- with respect to Alzheimer's Disease that the covered person:
  1. is Diagnosed with such Covered Condition; and
  2. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.

- with respect to Major Organ Transplant, that the covered person:
  1. is placed on the Transplant List.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:
- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Disease Diagnosed or performed outside the

United States unless coronary artery bypass graft is performed in the United States

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Listed Conditions
We will not pay benefits for:
- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or

- involving islet cell transplants.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:
- committing or attempting to commit a felony;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, 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.

Other Exclusions:

Exclusion for Intoxication
We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person being intoxicated or being under the influence of any narcotic unless administered or consumed on the advice of a physician.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

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

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies. The applicable premium for you is shown in the rate sheet.

This outline of coverage is only a very brief summary of your certificate.

The certificate itself sets forth the rights and obligations of both you and the insurance company. It is therefore imperative that you READ YOUR CERTIFICATE carefully.

The anticipated loss ratio for this certificate is 75%. This ratio is the portion of future premiums which MetLife expects to return as benefits, when averaged over all people with this certificate.

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

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

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