



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

**POLICYHOLDER: Your Employer
Group Policy Form No: GPNP14-CI
(Referred to as the "Group Policy")
Certificate Form No: GCERT14-CI
(Referred to as the "Certificate")**

**CRITICAL ILLNESS INSURANCE
OUTLINE OF COVERAGE**

**THE CERTIFICATE IS A GROUP CERTIFICATE. IT PROVIDES LIMITED BENEFITS:
THE CERTIFICATE ONLY PROVIDES CRITICAL ILLNESS COVERAGE IN THE EVENT THAT A
COVERED PERSON IS DIAGNOSED WITH CERTAIN SPECIFIED DISEASES. 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. RECEIPT OF BENEFITS UNDER THE CERTIFICATE MAY
AFFECT ELIGIBILITY FOR MEDICAID AND 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.**

**BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED.**

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

- 1) READ YOUR CERTIFICATE CAREFULLY.** This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which You have coverage will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You **READ YOUR CERTIFICATE CAREFULLY!**
- 2) 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 has certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) THE GROUP 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 ENROLL FOR THIS COVERAGE.**
- 4) COVERAGE UNDER THE CERTIFICATE IS GUARANTEED RENEWABLE.** This means that although MetLife reserves the right to change any or all premium rates as provided in the Group Policy, MetLife cannot end Your coverage under the Certificate except for reasons stated in the Certificate.

5) BENEFITS

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 amount we will pay for a first occurrence of a Covered Condition is shown on Your enrollment form. (Note that Major Organ Transplant has its own benefit amount). The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per Covered Person. The Total Benefit Amount does not include Supplemental Benefits.

Benefits for Covered Conditions:

Covered Condition	Initial Benefit For First Occurrence	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 Major Organ Transplant Benefit Amount	NONE

Recurrence Benefit:

We will pay the Recurrence Benefit shown above for a "Recurrence", as defined in the Certificate, 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.

Supplemental Benefits:

Health Screening Benefit

If a Covered Person takes one of the screening/prevention measures listed in the Certificate after insurance has been in effect for 30 days, we will pay a health screening benefit depending on the plan you select.

We will pay one health screening benefit per Covered Person per calendar year.

6) DEFINITIONS

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, "Occurs", as defined in the Certificate, with respect to a Covered Person.

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.

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.

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.

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.

7) 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 Disease:

- for Coronary Artery Bypass Graft 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 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.

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.

Exclusions Related to 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.

General Exclusions:

We will not pay benefits for Covered Conditions caused or 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.

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 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 6 months before a Covered Person becomes insured for this coverage 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.

The preexisting condition exclusion applies to benefit increases.

If no benefits are paid for a Covered Condition because it is caused by or results from a Preexisting Condition, We will treat the Covered Person's next Occurrence (if any) of such Covered Condition as the First Occurrence of such Covered Condition provided that:

- the next Occurrence of the Covered Condition occurs after the first 6 months that the Covered Person is insured under this Certificate; or
- with respect to a Benefit Increase, the Covered Condition occurs more than 6 months after such increase in the Total Benefit Amount.

The preexisting condition exclusion does not apply to benefits for Heart Attack and 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. 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.

10) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

11) PREMIUMS

Premium rates are based on your age on the effective date of coverage and are shown in the enclosed materials. Premium rates are subject to change as stated in the Group Policy. The applicable premium for you is shown in the rate sheet.

12) DISCLOSURE

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.