



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

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(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.

If you are under age 65, please read the following:

The certificate is a group certificate. The certificate provides critical illness 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 age 65 or older, please read the following:

The certificate is a group certificate. The certificate provides critical illness 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.

(2) Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate 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!

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result Cancer, Cardiovascular Disease, Heart Attack, Kidney Failure, Major Organ Failure, Progressive Disease or Stroke. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

Throughout this outline, “you” and “your” refer to the member who becomes insured for critical illness insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the 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” is the amount we use to determine the benefit payable for a covered condition.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

Minimum Benefit Amount - For each Covered Condition, the benefit will be the greater of the amount determined in accordance with the schedule of insurance in the Certificate or \$250.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coronary artery disease	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Alzheimer's Disease	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person being intoxicated;
- the covered person being under the influence of any narcotic (unless administered on the advice of a physician); or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Recurrence Benefit	30 days
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Preexisting Condition Limitation

The Certificate does not provide 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. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); you cease to be in an eligible class; or your membership ends.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

(10) DISCLOSURE

This disclosure statement is a very brief summary of your 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 the Certificate is 70%. This ratio is the portion of future premiums that MetLife expects to return as benefits, when averaged over all people with the Certificate.