

Employee Benefits Proposal

Group Accident Insurance

Including Hospital Coverage Due to Sickness

GrafTech International Ltd

Employee Paid Offer

Proposal Date: 10/4/2019

Proposal Valid Until: 1/2/2020

Proposed Customer Effective Date: 1/1/2020

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[AX12 New NS][1]

P0055708

[BEN]

Group Accident Benefits

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

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

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

General Enrollment Strategy Requirements

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

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

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

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

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

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

² MetLife Advantages may not be available in all states

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

Proposal Assumptions	
Situs State	<p>OH</p> <p><u>Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws. For specific state variations on Program Design, Benefits, Limitations and Exclusions, please contact MetLife.</u></p> <p>Please note residents of NH, VT and WA are not eligible for sickness benefits under the quoted plan. Please contact MetLife to discuss options for these residents, which may include implementing separate Accident and/or stand-alone Hospital Indemnity offerings with comparable benefits. Please contact MetLife for other state variations.</p>
Standard Industry Classification (SIC)	3624
Number of Eligible Employees	213
Employee Eligibility	<ul style="list-style-type: none"> • Employees will be subject to an actively at work requirement. • An employee must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage. • Child(ren) are eligible for coverage from birth to age 26. • Spouses / domestic partners and dependent child(ren) must not be subject to any medical restrictions as set forth on the enrollment form and in the Certificate. Coverage for Domestic Partners varies by state. The definitions of Domestic Partner and Children vary by state. • Retirees are not eligible to enroll. • VT residents are required to be eligible for coverage if they work at least 17.5 hours a week. NH residents are required to be eligible for coverage if they work at least 15 hours a week. • Residents of NH, VT and WA are not eligible for sickness benefits under the quoted plan. Please contact MetLife to discuss options for these residents, which may include implementing separate Accident and/or stand-alone Hospital Indemnity offerings with comparable benefits. • The demographics and details of potential covered insureds living and working outside of the United States should be discussed with your MetLife representative. This product has contractual exclusions and limitations on claims events that occur overseas; as well as eligibility restrictions for dependents that live outside the United States for an extended period of time.
Takeover	No
Contributions	100% Employee Paid
Commissions	Heaped 60% first year and 10% subsequent years.

Enrollment Method	<p>Unknown Method at Quoting Time</p> <p>Preferred Enrollment Conditions – Enrollment conditions where products will be placed for employee’s selection at the same time, and on the same platform as Major Medical coverage (On Ballot). This also includes instances where an Enrollment Firm is being utilized to offer these products.</p> <p>Non-Preferred Enrollment Conditions – Enrollment conditions where products will not be offered at the same time and/or on the same platform as the Major Medical coverage (Off Ballot).</p>
Implementation Timeline	<p>The minimum lead time required to implement your plan will be 6 weeks from the date of the initial implementation meeting.</p>

Plan Design	
Coverage Type	<p>Accident Benefits: Off-Job-Only</p> <p>Sickness Hospital Benefits Only: 24 Hour</p>
Benefit Amount	<p>Employees will select a single plan of coverage on a Guaranteed Issue basis.</p>
Underwriting Offer	<p>Guaranteed Issue³</p> <p>Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.</p>
Waiting Period for Sickness - Hospital Admission and Confinement Benefits	<p>None</p>
Pre-Existing Condition Limitation	<p>Not Included</p>
Pregnancy	<p>Complications of pregnancy and emergency Cesarean section are covered. (Routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section are not covered.)</p>
Benefit Reduction Due to Age	<p>Not Included</p>
Portability (Continuation of Insurance with Premium Payment)⁴	<p>“Portability” is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class) may continue their coverage on a MetLife direct-billed basis.</p>

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

³ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

⁴ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

size, underwriting and state requirements.

Rate Information					
Rate Structure	Composite Rates				
Rate Guarantee period	2 years, subsequent years' rates subject to change. If Preferred Enrollment conditions are met, the rate guarantee is extended by one additional year.				
Policy and Rate Changes	<p>Policy Premiums are due on the first day of each month.</p> <p>MetLife reserves the right to change its rates for any of the following reasons:</p> <ul style="list-style-type: none"> • The composition of the group, employees, dependents or the Accident insurance volume has changed 10% or more from the date when quoted. • Any of the plan designs are changed. • A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan. 				
Supplemental Fees	None				
Minimum Participation Requirements	<table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: black; color: white;">Product / Eligible Population</th> <th style="background-color: black; color: white;">200 – 4,999 Lives</th> </tr> </thead> <tbody> <tr> <td>Accident</td> <td>5%</td> </tr> </tbody> </table> <p><i>Minimum participation requirements are waived if Preferred Enrollment conditions apply. See Enrollment Method under the Proposal Assumptions section above.</i></p>	Product / Eligible Population	200 – 4,999 Lives	Accident	5%
Product / Eligible Population	200 – 4,999 Lives				
Accident	5%				

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

Proposed Rates

Type	Monthly
Employee Only	\$22.32
Employee + Spouse	\$39.74
Employee + Children	\$45.78
Employee + Spouse/Children	\$57.32

Covered Benefits

All benefits other than those related to Hospital-Sickness must relate to injuries sustained in an accident. Please contact MetLife for detailed definitions and state variations of covered benefits.

Table 1

*The benefit amount will be reduced by the amount of any Accidental Dismemberment / Functional Loss / Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid

¹Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details.

Benefits		Highest Plan			
Category	Subcategory	Benefits	Employee	Spouse	Child
Death	Accidental Death	Basic Accidental Death Benefit	\$100,000	\$50,000	\$20,000
		AD Common Carrier ¹ Benefit	\$300,000	\$150,000	\$60,000
Accidental Dismemberment/Functional Loss/Paralysis Benefits	Basic Dismemberment/Functional Loss Benefit	Loss of one finger or one toe	\$1,000	\$1,000	\$1,000
		Loss of one arm or one leg	\$15,000	\$15,000	\$15,000
		Loss of one hand or one foot	\$15,000	\$15,000	\$15,000
		Loss of two or more fingers or toes in any combination	\$2,000	\$2,000	\$2,000
		Loss of sight in one eye	\$15,000	\$15,000	\$15,000
		Loss of hearing in one ear	\$15,000	\$15,000	\$15,000
	Catastrophic Dismemberment/Functional Loss Benefit	Loss of both arms or both legs or one arm and one leg	\$100,000	\$100,000	\$100,000
		Loss of both hands or both feet or one hand and one foot	\$100,000	\$100,000	\$100,000
		Loss of sight in both eyes	\$100,000	\$100,000	\$100,000
		Loss of hearing in both ears	\$100,000	\$100,000	\$100,000
		Loss of ability to speak	\$100,000	\$100,000	\$100,000
	Paralysis Benefit	Two Limbs (paraplegia or hemiplegia)	\$50,000	\$50,000	\$50,000
		Four Limbs (quadriplegia)	\$100,000	\$100,000	\$100,000

¹Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details.

		Benefits	
Category	Subcategory	Benefits	Highest Plan
Accidental Injury Benefits	Fracture Benefit (Closed)	Face or Nose (except mandible or maxilla)	\$1,500
		Skull Fracture - depressed (except bones of face or nose)	\$4,500
		Skull Fracture - non depressed (except bones of face or nose)	\$3,000
		Lower Jaw, Mandible (except alveolar process)	\$750
		Upper Jaw, Maxilla (except alveolar process)	\$1,500
		Upper Arm between Elbow and Shoulder (humerus)	\$1,500
		Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$750
		Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$750
		Rib	\$750
		Finger, Toe	\$150
		Vertebrae, Body of (excluding vertebral processes)	\$3,000
		Vertebral Process	\$750
		Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$3,000
		Hip, Thigh (femur)	\$4,500
		Coccyx	\$750
		Leg (tibia and/or fibula)	\$3,000
		Kneecap (patella)	\$750
		Ankle	\$750
	Foot (except toes)	\$750	
	Chip Fracture	25%	
	Fracture Benefit (Open)	Face or Nose (except mandible or maxilla)	\$3,000
		Skull Fracture - depressed (except bones of face or nose)	\$9,000
		Skull Fracture - non depressed (except bones of face or nose)	\$5,000
		Lower Jaw, Mandible (except alveolar process)	\$1,500
		Upper Jaw, Maxilla (except alveolar process)	\$3,000
		Upper Arm between Elbow and Shoulder (humerus)	\$3,000
		Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$1,500
		Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$1,500
Rib		\$1,500	
Finger, Toe		\$300	
Vertebrae, Body of (excluding vertebral processes)	\$5,000		

		Benefits	
Category	Subcategory	Benefits	Highest Plan
Accidental Injury Benefits	Fracture Benefit (Open)	Vertebral Process	\$1,500
		Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$5,000
		Hip, Thigh (femur)	\$9,000
		Coccyx	\$1,500
		Leg (tibia and/or fibula)	\$5,000
		Kneecap (patella)	\$1,500
		Ankle	\$1,500
		Foot (except toes)	\$1,500
		Chip Fracture	25%
	Dislocation Benefit (Closed)	Lower Jaw	\$750
		Collarbone (sternoclavicular)	\$1,500
		Collarbone (acromioclavicular and separation)	\$750
		Shoulder (glenohumeral)	\$750
		Rib	\$750
		Elbow	\$750
		Wrist	\$750
		Bone or Bones of the Hand (other than fingers)	\$750
		Hip	\$4,500
		Knee (except patella)	\$3,000
		Ankle - Bone or bones of the Foot (other than toes)	\$1,500
		One Toe or Finger	\$150
	Partial Dislocation	25%	
	Dislocation Benefit (Open)	Lower Jaw	\$1,500
		Collarbone (sternoclavicular)	\$3,000
		Collarbone (acromioclavicular and separation)	\$1,500
		Shoulder (glenohumeral)	\$1,500
		Rib	\$1,500
		Elbow	\$1,500
		Wrist	\$1,500
		Bone or Bones of the Hand (other than fingers)	\$1,500
		Hip	\$9,000
		Knee (except patella)	\$5,000
		Ankle - Bone or bones of the Foot (other than toes)	\$3,000
One Toe or Finger		\$300	
Partial Dislocation	25%		

Benefits			Highest Plan
Category	Subcategory	Benefits	
Accidental Injury	Burn Benefit	2nd Degree w/ less than 10% of surface skin burnt	\$150
		2nd Degree 10-25% surface skin burnt	\$300
		2nd Degree 25-35% surface skin burnt	\$750
		2nd Degree 35% or more of surface skin burnt	\$1,500
		3rd Degree w/ less than 10% of surface skin burnt	\$1,500
		3rd Degree 10-25% surface skin burnt	\$3,000
		3rd Degree 25-35% surface skin burnt	\$7,500
		3rd Degree 35% or more of surface skin burnt	\$15,000
	Skin Graft Benefit	Skin Graft for 2nd or 3rd Degree burn	50%
	Concussion Benefit	Concussion	\$600
	Coma Benefit	Coma	\$15,000
	Ruptured Disc	Surgical Repair Benefit	\$1,500
	Torn Cartilage in Knee	With surgical repair	\$1,000
		Exploratory Surgery without repair (Torn Cartilage)	\$200
	Laceration Benefit	Without repair by stiches	\$75
		Repaired by stiches but less than 2 inches long	\$150
		Repaired by stiches and 2-6 inches long	\$300
		Repaired by stiches and over 6 inches long	\$600
	Torn, Ruptured or Severed Tendon/Ligament/Rotator Cuff	Surgical repair: one tendon/ligament/rotator cuff	\$1,000
		Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,500
		Exploratory Surgery without repair	\$200
	Accidentally Broken Tooth Benefit	Crown	\$400
		Extraction	\$150
Filling		\$75	
Eye Injury	Eye Injury Benefit	\$400	

Benefits			
Category	Subcategory	Benefits	Highest Plan
Accident - Medical Treatment and Services Benefits	Ambulance	Air Benefit	\$1,500
		Ground Benefit	\$400
	Transportation	Transportation Benefit	\$600
	Emergency Care Benefit	Emergency Room	\$150
		Physician's Office	\$100
		Urgent Care	\$100
	Non- Emergency	Initial Care Benefit	\$50
	Medical Testing	Medical Testing Benefit (X-Ray, MR/MRI, ultrasound, NCV, CT/CAT, EEG)	\$300
	Physician Follow-Up Visit Benefit	Visit Benefit	\$100
	Therapy Services	Cognitive Behavioral Therapy	\$35
		Occupational Therapy	\$35
		Physical Therapy	\$35
		Respiratory therapy	\$35
		Speech Therapy	\$35
Vocational Therapy		\$35	
Accident - Medical Treatment and Services Benefits	Pain	Pain Management Benefit (for Epidural Anesthesia)	\$150
	Prosthetic Device Benefit	One Device Only	\$1,000
		More than One Device	\$2,000
	Medical Appliance Benefit	Brace	\$200
		Cane	\$200
		Crutches	\$200
		Walker - expected use < 1yr	\$250
		Walker - expected use >=1 yr	\$500
		Walking Boot	\$200
		Wheel chair or motorized scooter- expected use < 1yr	\$300
		Wheel chair or motorized scooter- expected use >=1yr	\$1,500
		Other medical device used for Mobility	\$200
		Medical Appliance Benefit Limit	Limit for all Medical Appliances combined, per Covered Person, per Accident
	Modification Benefit	Modification Benefit	\$2,000
Blood/ Plasma/ Platelets	Blood Benefit	\$500	

Benefits			Highest Plan
Category	Subcategory	Benefits	
Accident - Medical Treatment and Services Benefits	Inpatient Surgery Benefit	Cranial surgery	\$3,000
		Exploratory Surgery	\$300
		Hernia Repair	\$300
		Thoracic cavity or abdominal pelvic cavity surgery	\$3,000
	Outpatient Ambulatory Surgery Benefit	Outpatient Surgery Benefit	\$500
Accident - Hospital Benefits	Accident -Hospital Admission Benefit	Non- ICU Hospital Admission payable 1 time per Accident	\$1,500
		Intensive Care Unit Admission payable 1 time per Accident	\$3,000
	Accident - Hospital Confinement Benefit	Non- ICU Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$300
		ICU Accident Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$600
	Rehab	Inpatient Rehabilitation Benefit is payable for up to 15 days per covered person per accident, but not to exceed 30 days per calendar year.	\$300
Other Benefits	Health Screening	Health Screening Benefit	\$50
Sickness - Hospital Benefits	Sickness - Hospital Admission Benefit	Non- ICU Hospital Admission payable 1 time(s) per calendar year	\$150
		Intensive Care Unit Admission payable 1 time(s) per calendar year	\$300
	Sickness - Hospital Confinement Benefit	Non-ICU Sickness Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$100
		ICU Sickness Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$200

Other Benefits	
Health Screening Benefit	<p>Paid one time per calendar year.</p> <p>The Covered Tests are: physical exam, biopsies for cancer, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid Doppler, chest x-rays, clinical testicular exam, colonoscopy, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), endoscopy, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms, and virtual colonoscopy.</p> <p>The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).</p>
MetLife AdvantagesSM - Services or Discounts added at no additional cost to you or your employees	<p>Will Preparation Services¹</p> <p>As an added benefit your employees will have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.</p> <p>MetLife VisionAccess²</p> <p>As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.</p> <p>Digital Legacy (MetLife Infinity)³</p> <p>As an added benefit your employees will be able to create an account from web, mobile and tablet devices where they can to upload, store and share digital assets including pictures, videos, audio files and documents. Assets are stored in collections where employees can share with family and friends through scheduled releases now or in the future. An employee can also set up a "trusted" individual who can release collections if the user becomes unable to do so in their future.</p> <p>Funeral Discount and Planning Services⁴</p> <p>As an added benefit your employees will have access to funeral discounts and planning services. Through Dignity Memorial, employees and family members will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North</p>

America.

MetLife AdvantagesSM Disclaimers

MetLife AdvantagesSM availability may vary by state.

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

²MetLife VisionAccess is a discount program and not an insured benefit. The program is available at no charge regardless of enrollment in other MetLife benefits as long as the plan sponsor has an active MetLife group product. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. MetLife Vision Access is available to anyone regardless of affiliation with MetLife.

³MetLife Infinity is offered by MetLife Consumer Services, Inc., an affiliate of Metropolitan Life Insurance Company. MetLife Infinity is available to anyone regardless of affiliation with MetLife.

⁴Funeral Discount and Planning Services - Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. SCI offers planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for funeral services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the funeral services discount is available for "At Need" services only. Not approved in AK, CT, FL, KS, KY, MD, MO, MT, ND, NH, NJ, NY, TX and WA.

GROUP ACCIDENT INSURANCE EXCLUSIONS & LIMITATIONS

PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, 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, Wisconsin, Washington and Wyoming.

How to read this section:

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

Exclusions Applicable to Accident Benefits

State variations are noted in italics under each bolded item.

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, except for the Covered Person's use of:

ID, NY: paragraph including the two sub-bullets deleted

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

- **any drug, medication or sedative that is taken or used as prescribed by a physician; or**
- **an "over the counter" drug, medication or sedative taken as directed.**

We will not pay benefits for any loss for a Covered Person caused or contributed to by:

IL: "or contributed to" deleted

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

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

CT: bullet and all 5 sub-bullets deleted and replaced with the following: "the Covered Person's 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 for the Covered Person."

MD: bullet and all 5 sub-bullets deleted and replaced with the following: "for Accidental Death Benefits or Accidental Dismemberment/Functional Loss/Paralysis Benefits, a loss sustained or contracted by the consequence of the Covered Person's being intoxicated or under the influence of any narcotic:"

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

NV: the following is added at the end of this bullet and the 5 sub-bullets: "the above exclusion applies only if the Covered Person is committing or attempting to commit a felony at the time of the Accident;"

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

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

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

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

- *the Covered Person being intoxicated;*

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

WA: bullet and following 4 sub-bullets deleted

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

CA, CT: bullet and 2 sub-bullets deleted

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

- **taken or used as prescribed by a physician; or**
- **an “over the counter” drug, medication or sedative taken as directed;**
- **alcohol in combination with any drug, medication, or sedative; or**

CA: bullet deleted

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

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

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

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

PA: bullet deleted

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

WA: revised to “We will not pay benefits for the Covered Person’s voluntary use, by any means, of poison, gas or fumes.”

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

CO, MO, VT: “or insane” deleted

MN: bullet revised to “with respect to Accidental Death Benefits section of this certificate and the Accidental Dismemberment/Functional Loss/Paralysis Benefits section of this certificate, the Covered Person’s suicide or attempted suicide (while sane or insane)

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

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

MN: bullet deleted

NY: bullet deleted – incorporated into the bullet above

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

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

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

OK: bullet revised to add the following at the end: “- this exclusion only applies to a Covered Person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;”

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

ID: “rebellion” and “terrorist act” deleted

MD: bullet deleted

NY: bullet revised to “the Covered Person’s participation in a felony, riot or insurrection;”

UT: “voluntary” added after “active” and before “participation”

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

CA: *bullet deleted;*

ID: *bullet changed to “the Covered Person’s participation in a felony;”*

MD: *bullet changed to “for Accidental Death Benefits or Accidental Dismemberment/Functional Loss/Paralysis Benefits, the Covered Person’s commission or attempt to commit a felony;”*

NJ: *bullet changed to “the Covered Person’s commission or attempt to commit a felony or to which a contributing cause was the Covered Person’s engagement in an illegal occupation;”*

NY: *bullet changed to “the Covered Person’s engagement in an illegal occupation;”*

UT: *“engagement” deleted and replaced with “active participation”*

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

CA: *“that results directly from an Accident” added after “Injury”;*

ID, NY: *bullet deleted*

MD: *the exclusion is changed to read as follows:*

- *“the Covered Person’s infection, other than:*
- *infection occurring in an external wound resulting from an Injury:*
- *infection resulting from the Covered Person’s commission of or attempt to commit a crime (only applies to benefits other than Accidental Death Benefits or Accidental Dismemberment/Functional Loss/ Paralysis Benefits; or*
- *for Accidental Death Benefits or Accidental Dismemberment/Functional Loss/Paralysis Benefits, infection resulting from accidental exposure to infectious agents in a terrorist act, unless that exposure was caused by the Covered Person’s commission of or attempt to commit a felony;”*

NH: *“an external wound” is changed to “a wound”*

- **food poisoning;**

ID, NY: *bullet deleted*

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

ID: *bullet and two sub-bullets deleted and replaced with “the Covered Person’s alcoholism or drug addiction;”*

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

NV: *the following is added at the end of this bullet and the two sub-bullets: “the above exclusion applies only if the Covered Person is committing or attempting to commit a felony at the time of the Accident;”*

- **intoxicated means that the Insured’s blood alcohol level met or exceeded .08%; and**
- **motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;**

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

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

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

NY: bullet revised to “cosmetic surgery, except when such surgery is performed to reconstruct a part of the body which was disfigured or removed as a result of an Injury;”

- **treat an Injury;**

CA: “that results directly from an Accident” added after “Injury”

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

NY: bullet deleted

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

CA: “that results directly from an Accident” added after “Injury”

NY: bullet deleted

- **reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;**

CA: “that results directly from an Accident” added after “Injury”

NY: bullet deleted

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

ID: bullet revised to “the Covered Person’s mental or emotional disorders or treatment of such mental or emotional disorders except for the Covered Person’s use of:”

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

NH: “care” added after “diagnosis” and before “or”

NY: bullet revised to “the Covered Person’s mental or emotional disorder, alcoholism or drug addiction;”

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

NY: bullet deleted

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

NY: bullet deleted

- **activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;**

NY: bullet revised to “the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces;”

- **the Covered Person’s travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;**

NY: bullet revised to “aviation, other than as a fare-paying passenger on a scheduled charter flight operated by a scheduled airline;”

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

ID: “if acting in a professional capacity” added at the beginning of the bullet

NY: bullet deleted

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

ID, NY, OR: bullet deleted

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

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

ID: “semi-professional or” deleted

NY, SD: bullet deleted

- **the Covered Person’s employment for wage or profit;**

CT: after “profit” add “(only applies to employees who are not corporate officers of the Group Policyholder;”)

ID: bullet deleted - additional exclusion is added for ID instead, which provides: “In addition, we will not pay benefits for any Injuries for which benefits are paid by worker’s compensation, employers liability or occupational disease law;”

KS: after “profit”, add “to the extent that the Covered Person is covered or is required to be covered by the Workers Compensation law;”

KY: after “profit”, add “if the Covered Person is eligible for benefits under any workers’ compensation act or similar law;”

NY: bullet revised to “the Covered Person’s job related or on the job Injury, to the extent that the Covered Person is eligible for, or compensated by, any state or federal workers’ compensation, employers’ liability or occupational disease law for such Injury.”

SD: bullet deleted – additional exclusion is added for SD instead, which provides: “In addition, we will not pay benefits for any Injuries for which benefits are paid by worker’s compensation;”

- **the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.**

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

NY, OR: bullet deleted

In addition, we will not pay benefits for:

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

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

ID, MO: bullet deleted

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

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

- **medical treatment;**

NH: add “care or” after “medical” and before “treatment”

- **hospital admission or confinement; or**

- **inpatient stay in a rehabilitation facility.**

(CA: the following two exclusions are added:)

INTOXICANTS AND CONTROLLED SUBSTANCES

We shall not be liable for any loss sustained or contracted in consequence of the Covered Person’s being

intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.

ILLEGAL OCCUPATION FOR COMMISSION OF A FELONY

We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the Covered Person whose Injury or Sickness is the basis of claim, or to which a contributing cause was such Covered Person's being engaged in an illegal occupation.

Exclusions Applicable to Sickness – Hospital Benefits

How to read this section:

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

We will not pay benefits for any covered person's Sickness that is caused or contributed to by:

IL: "or contributed to" deleted

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

CT: bullet and all 5 sub-bullets deleted and replaced with the following: "the covered person's 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 for the covered person."

ID: bullet and all 5 sub-bullets deleted

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

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

SD: bullet and two sub-bullets deleted

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

- **taken or used as prescribed by a physician; or**

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

- **alcohol in combination with any drug, medication, or sedative;**

SD: bullet deleted

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

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

MN, SD: bullet revised to "the covered person's voluntary use, by any means, of poison, gas or fumes"

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

PA: bullet deleted

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

- **the covered person's suicide or attempted suicide (while sane or insane);**

MN: bullet deleted

- **the covered person's intentionally self-inflicted injury;**

MN: bullet deleted

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

NC: bullet revised to add the following at the end: "(the term 'war' does not include terrorist acts);"

OK: bullet revised to add the following at the end: "- this exclusion only applies to a covered person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;"

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

ID: “rebellion” and “terrorist act” deleted

UT: “voluntary” added after “active” and before “participation”

- **the covered person’s engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;**

ID: bullet changed to “the covered person’s participation in a felony;”

UT: “engagement” deleted and replaced with “active participation”

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

ID: bullet changed to “dental care or treatment or cosmetic surgery, except when such surgery is performed to:”

- **treat a Sickness;**
- **correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under the certificate;**
- **reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under the certificate;**

ID: “trauma, infection or other disease that results from a” added after “as a result of a” and before “Sickness”; added the following additional bullet: “reconstruct a part of the body which was disfigured or removed as a result of congenital disease or congenital anomaly of a dependent child.”

- **the covered person’s mental illness or the diagnosis or treatment of such illness;**

ID: bullet changed to “the covered person’s mental or emotional disorders or treatment of such mental or emotional disorders”

MN: bullet deleted

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

ID: “chemical dependency or complications thereof” deleted

MN, SD: bullet deleted

NE: added “except for any narcotic administered on the advice of a physician” after “thereof”

- **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;**
- **routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section;**

ID: bullet deleted – note that although this bullet is deleted, if the plan does not cover routine delivery of a child, the definition of the term “Sickness” will state that “complications of pregnancy” are a Sickness instead of “pregnancy” – and routine delivery will not be covered

In addition, we will not pay benefits for:

- **a covered person while incarcerated in any type of penal or detention facility;**
(ID: bullet deleted)
- **any hospital admission or confinement outside the United States, Canada or Mexico; or**
- **routine nursing or well-baby care for a newborn child.**

ID: bullet deleted – note that although this bullet is deleted, if the plan does not cover routine nursing or well-baby care for a newborn child, the definition of the term “Sickness” will state that Sickness does not include such care - and routine nursing or well-baby care will not be covered

LIMITATIONS

If The Covered Person Is Confined in a Hospital For Both Injury And Sickness:

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions of the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

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U.S. Business Intermediary and Producer Compensation Notice

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

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The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead



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

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

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