











## **READ YOUR OUTLINE OF COVERAGE**

Group Hospital Indemnity Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is your employer: Galena Park Independent School District.**

The Outline of Coverage provides a very brief summary of the important features of the Group Hospital Indemnity. 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 link on the following page that shows the name of your state of residence:

- If you do not reside in one of the above listed states, click on the link for your **ISSUANCE STATE** on the following page. **The GROUP POLICY IS ISSUED IN TEXAS**

It is important that you follow the above directions and click on the link for the state that applies

**METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)**

**GROUP HOSPITAL INDEMNITY COVERAGE**

**THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.**

**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.**

**THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract**



Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	\$50 per day	\$75 per day
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#### **4) Exclusions and Limitations**

##### **Exclusions:**

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:

The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person'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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

**5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

**6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

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