



Group Critical Illness Insurance

Underwritten by MetLife

► Plan Features

- Pays regardless of other coverage
- Portable (take it with You)

Choose from flexible benefit options including:

- Heart Attack and Stroke
- Coronary Bypass Surgery
- Major Organ Transplant
- Cancer
- End Stage Renal Failure
- Alzheimer's Dementia
- Diabetes

*****All benefits may not be available to you. Please see Rate Quote for benefits offered.*****

Benefits

Heart Attack Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Heart Attack.

Heart Transplant Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Heart Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the whole heart.

Heart Transplant under this Policy includes a Heart Lung Transplant.

Stroke Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Stroke.

Coronary Bypass Surgery Benefit

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone a covered Coronary Artery Bypass Surgery.

Angioplasty

We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone Angioplasty.

Invasive Cancer or Malignant Melanoma Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Invasive Cancer.

Carcinoma in Situ Benefit

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Carcinoma in Situ.

Major Organ Transplant Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Major Organ Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the failing Major Organ.

Major Organ Transplant does not include:

- Heart Transplant; or
- Heart Lung Transplant.

End Stage Renal Failure Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from End Stage Renal Failure.



**BAY BRIDGE
ADMINISTRATORS**

*"Your solutions begin
at the Bridge"®*

GP-CI-SB-Generic

Loss of Vision, Speech or Hearing Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Loss of Vision; Loss of Speech; or Loss of Hearing.

Coma Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from a Coma.

Severe Burns Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person has suffered Severe Burns caused by an Accident.

Permanent Paralysis Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Permanent Paralysis caused by an Accident.

Occupational HIV Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Occupational HIV.

Alzheimer's Dementia Benefit

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Alzheimer's Dementia.

Amyotrophic Lateral Sclerosis (ALS)

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Amyotrophic Lateral Sclerosis (ALS).

Benign Brain Tumor

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Benign Brain Tumor.

Loss of Independent Living Benefit

We will pay 25% of the Face Amount for a Covered Person when We receive Proof of Loss showing that a Covered Person suffers from Loss of Independent Living. This benefit is payable only once per lifetime per Covered Person.

Diabetes Benefit

We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Type I or Type II Diabetes. This benefit is payable one time per lifetime per Covered Person.

Additional Occurrence Benefit

We pay one additional benefit upon the diagnosis of a covered condition for which benefits have not been previously paid. The diagnosis must be separated from any other critical illness by at least six months.

Recurrence Benefit

With the exception of Diabetes and Loss of Independent Living, We will pay this Benefit one time if a Covered Person is diagnosed for a second time with one of the named Critical Illnesses for which We paid a Benefit before. The Benefit is 25% of the Face Amount, and subject to the following:

- the second diagnosis must follow the first diagnosis of the same Critical Illness by more than 12 months;
- the Covered Person must not have received treatment during a 12 consecutive month period between the two diagnoses; and
- the second diagnosis must take place while the Covered Person's coverage is in effect.

For the purposes of this Benefit, "treatment" does not include: preventative medications in the absence of disease; or, routine scheduled follow-up visits to a Physician.

When this Benefit is paid, it ends for the Covered Person. No Recurrence Benefit will be paid thereafter for recurrence of any Critical Illness of the Covered Person.

Health Screening Benefit

We will pay the amount shown on the schedule, if during a Calendar Year, a Covered Person has one or more of the following tests performed

- | | | |
|---|--|--|
| • Bone Marrow Testing | • Electrocardiogram (EKG) (including stress EKG) | • Pap Smear (including ThinPrep Pap Test) |
| • CA-125 (blood test for ovarian cancer) | • Blood Test for Triglycerides | • Serum Protein Electrophoresis (test for myeloma) |
| • Chest x-ray | • Fasting blood glucose test | • Stress test (bike or treadmill) |
| • Flexible Sigmoidoscopy | • CA 15-3 (blood test for breast cancer) | • Lipid Panel (total cholesterol count) |
| • Mammography (including breast ultrasound) | • CEA (blood test for colon cancer) | • Oral Cancer Screening using ViziLite, OraTest or other |
| • PSA (blood test for prostate cancer) | • Colonoscopy | or other Current Dental Terminology |
| • Biopsy for Skin Cancer | • Hemoccult stool analysis | • Serum cholesterol test to determine level of HDL and LDL |

Waiver of Premium Benefit

We will waive Premiums from the first day of Total Disability when Your Total Disability:

- starts while the Policy and Your Certificate are in force or in the Grace Period;
- starts before Your 60th birthday; and
- continues without interruption for at least 90 days.

Waiver will start on the first day of Total Disability. We will waive Premiums:

- as they fall due while You remain Totally Disabled; and
- using the mode of Premium payment that was in effect when Total Disability began; and
- for the period of time shown on the Certificate Schedule.

You will be required to pay premiums to keep Your coverage in effect until Your Total Disability is established according to the terms of the Benefit above.

Spouse Coverage is 50% of the Face Amount/ Child Coverage is 25% of the Face Amount. The Face Amount Reduces by 50% at Age 70. Payment of Benefits Shall Not Exceed 300% of the Face Amount. Subject to the Recurrence Benefits, payment of Benefits within a Benefit Group will not exceed 100% of the Face Amount.

Payment Of Benefits

We will pay Benefits when We receive Proof of Loss acceptable to Us. Benefits are subject to the Benefit Conditions, Limitations and Exclusions provision.

Benefit Conditions, Limitations and Exclusions

A Critical Illness must be diagnosed after the effective date of coverage and during the lifetime of the Covered Person while the Certificate is in force. When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one Benefit. The Benefit paid will be the greater of the two.

No Benefits of the Policy will be paid for loss that is contributed to, caused by, or occurs during:

- any intentionally self-inflicted injury;
- suicide, or attempted suicide, while sane or insane;
- active duty military service;
- participation in the commission or attempted commission of a felony;
- being intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Physician;
- psychosis; or
- alcoholism or drug addiction.

Pre-Existing Condition Limitation

Any loss due to a Pre-existing Condition will not be covered if the loss begins within 12 months after the Covered Person's Effective Date of Insurance. However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered by a Replaced Policy; an by the Policy on its Initial Effective Date.

Pre-existing Condition means a medical condition, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the Effective Date of Insurance for each Covered Person or during the 12 months immediately preceding an increase in benefits for each Covered Person under this Certificate.

- | | |
|---------------------------|-------------------------------------|
| • Heart Attack | • Loss of Vision, Speech or Hearing |
| • Stroke | • Severe Burns |
| • Invasive Cancer | • Permanent Paralysis |
| • Carcinoma in Situ | • Occupational HIV |
| • Coma | • Alzheimer's Dementia |
| • End-Stage Renal Failure | • Diabetes (Type I or II) |

Pre-existing Condition also means any of the following which a Physician has treated or for which a Physician has advised treatment (by transplant, bypass surgery, medication or otherwise) of the Covered Person within 12 months before the Covered Person's Effective Date of Insurance:

- failure of the liver, kidney(ies), pancreas, or lung(s);
- failure of the heart; or
- coronary artery disease.

Benefits for Invasive Cancer or Carcinoma in Situ will not be payable based on a Tentative Diagnosis unless confirmed by a Clinical Diagnosis or a Pathological Diagnosis.

Pre-existing Condition also means a condition causing Total Disability which a Physician has treated or for which a Physician has advised treatment of the Employee within 12 months before the Employee's Effective Date of Insurance.

Termination Of Insurance – Covered Persons

Subject to the Portability provisions, all insurance ends on the earliest of the following dates:

- the date the Policy terminates;
- the date of termination of any section or part of the Policy with respect to insurance under such section or part;
- the premium due date that coincides with or next follows the date that the Employee ceases to be a member of an eligible class;
- any premium due date, if premium remains unpaid by the end of the grace period;
- the Policy Anniversary Date that coincides with or next follows the date that the Covered Person reaches the Maximum Renewal Age shown on the Certificate Schedule;
- the date that a Spouse reaches age 70;
- the date that a Child reaches Age 26; or
- Covered Person's death.

If a Recurrence Benefit is paid for a Covered Person, the Recurrence Benefit for that person ends. When Your coverage ends, insurance on other persons covered by this Certificate will also end. Termination of insurance on a Covered Person or of the Policy is without prejudice to claims that occur or start prior to the date of termination.

Covered Persons

Covered Person

means an eligible Employee or Eligible Dependent who is covered under the Policy. Persons eligible for coverage are shown on the Schedule.

Child (Children)

means the Covered Employee's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Covered Employee is a party to a proceeding in which the adoption of such child by the Covered Employee is sought); a child for whom the Covered Employee is required by a court order to provide medical support, and grandchildren who are dependent on the Covered Employee for federal income tax purposes at the time of application.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States (unless living with you); or
- Child on active military duty for a period in excess of 30 days.

Eligible Dependents

means a Spouse, His or Her Child(ren) and the Child(ren) of an Eligible Employee. We must approve eligibility of the Spouse and Child(ren) of an Employee. Each such person must meet the Eligibility requirements shown in the Schedule. If a Child is covered by the Policy, the Child's Eligibility will not end if the Child is and remains:

- unmarried;
- incapable of self-sustaining employment due to mental incapacity or physical handicap; and
- chiefly dependent on the Employee or Spouse for support.

However, in no event will Eligibility or coverage of any Child continue beyond the date that the Employee's coverage ends. The Employee must furnish Us with proof of physical or mental incapacity within 31 days after the Child's Eligibility would otherwise end. Thereafter, We may require proof, but not more frequently than annually.

Portability

On the date the Policy terminates or the date the Named Insured ceases to be Actively at Work as an Employee and is not Totally Disabled, Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

*****All benefits may not be available to you. Please see Rate Quote for benefits offered.*****

**This sales brochure is not a contract. It is intended only as a brief description of the policy provisions in the planning of your program.
The benefits are determined by the terms and conditions of the policy and certificate alone.**

This is not a medicare supplement policy. If you are eligible for medicare, see the medicare supplement buyer's guide available from the company.

In all cases, consult your certificate for full details.

Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact us.

**Administered by:
Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**

New Mexico Schools

Group Critical Illness - Monthly Rates

Effective Date - 10/01/2021

Situs State - NM

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	\$5.70	\$9.36	\$6.58	\$10.23
36 - 49	\$11.77	\$18.63	\$12.55	\$19.41
50 - 59	\$26.07	\$41.15	\$26.83	\$41.91
60 - 64	\$40.39	\$62.10	\$41.04	\$62.75
65 +	\$45.32	\$69.54	\$45.94	\$70.15

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	\$8.26	\$13.28	\$9.13	\$14.15
36 - 49	\$19.31	\$30.07	\$20.08	\$30.85
50 - 59	\$44.87	\$70.12	\$45.63	\$70.88
60 - 64	\$68.89	\$105.04	\$69.54	\$105.69
65 +	\$75.64	\$115.21	\$76.26	\$115.83

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	\$10,000	\$5,000	\$2,500
Cancer	\$10,000	\$5,000	\$2,500
Other	\$10,000	\$5,000	\$2,500
Recurrence	\$2,500	\$1,250	\$625
Health Screening	\$50	\$50	\$50

Benefit Details

Recurrence Benefit	25%
Recurrence Waiting Period	12 Months

Vascular Benefits

Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%

Cancer Benefits

Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits

Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Amyotrophic Lateral Sclerosis	25%
Benign Brain Tumor	25%
Alzheimer's Dementia	25%
Loss of Independent Living	25%
Diabetes	0%

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.

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Metropolitan Life Insurance Company

Administered by:



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New Mexico Schools

Group Critical Illness - Monthly Rates

Effective Date - 10/01/2021

Situs State - NM

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	\$10.15	\$16.21	\$11.60	\$17.65
36 - 49	\$21.94	\$34.05	\$23.18	\$35.29
50 - 59	\$50.02	\$78.06	\$51.24	\$79.28
60 - 64	\$78.25	\$119.14	\$79.25	\$120.14
65 +	\$88.12	\$134.01	\$89.05	\$134.94

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	\$15.25	\$24.04	\$16.70	\$25.49
36 - 49	\$37.01	\$56.93	\$38.25	\$58.17
50 - 59	\$87.63	\$136.00	\$88.84	\$137.21
60 - 64	\$135.26	\$205.02	\$136.26	\$206.02
65 +	\$148.75	\$225.37	\$149.68	\$226.30

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	\$20,000	\$10,000	\$5,000
Cancer	\$20,000	\$10,000	\$5,000
Other	\$20,000	\$10,000	\$5,000
Recurrence	\$5,000	\$2,500	\$1,250
Health Screening	\$50	\$50	\$50

Benefit Details

Recurrence Benefit	25%
Recurrence Waiting Period	12 Months

Vascular Benefits

Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%

Cancer Benefits

Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits

Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Amyotrophic Lateral Sclerosis	25%
Benign Brain Tumor	25%
Alzheimer's Dementia	25%
Loss of Independent Living	25%
Diabetes	0%

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New Mexico Schools

Group Critical Illness - Monthly Rates

Effective Date - 10/01/2021

Situs State - NM

Non-Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	\$14.60	\$23.06	\$16.62	\$25.07
36 - 49	\$32.11	\$49.46	\$33.82	\$51.17
50 - 59	\$73.98	\$114.98	\$75.64	\$116.65
60 - 64	\$116.11	\$176.17	\$117.46	\$177.52
65 +	\$130.91	\$198.49	\$132.15	\$199.73

Tobacco

Issue Age	EE	EE + SP	EE + CH	Family
18 - 35	\$22.25	\$34.81	\$24.28	\$36.82
36 - 49	\$54.71	\$83.78	\$56.42	\$85.49
50 - 59	\$130.38	\$201.87	\$132.05	\$203.54
60 - 64	\$201.62	\$304.99	\$202.97	\$306.34
65 +	\$221.87	\$335.52	\$223.11	\$336.76

Benefit Face Amount

Benefit	Employee	Spouse	Child
Heart	\$30,000	\$15,000	\$7,500
Cancer	\$30,000	\$15,000	\$7,500
Other	\$30,000	\$15,000	\$7,500
Recurrence	\$7,500	\$3,750	\$1,875
Health Screening	\$50	\$50	\$50

Benefit Details

Recurrence Benefit	25%
Recurrence Waiting Period	12 Months

Vascular Benefits

Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Bypass	25%
Angioplasty	10%

Cancer Benefits

Invasive Cancer	100%
Malignant Melanoma	100%
Cancer in Situ	25%

Other Benefits

Major Organ Transplant	100%
End Stage Renal Failure	100%
Coma	100%
Loss of Sight	100%
Loss of Speech or Hearing	100%
Paralysis	100%
Severe Burns	100%
Occupational HIV	100%
Amyotrophic Lateral Sclerosis	25%
Benign Brain Tumor	25%
Alzheimer's Dementia	25%
Loss of Independent Living	25%
Diabetes	0%

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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.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

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.

Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.