

## MetLife Accident Insurance Plan Summary

### ACCIDENT INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

Benefit Type <sup>1</sup>	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
<b>Injuries</b>		
Fractures <sup>2</sup>	\$50 – \$3,000	\$100 – \$6,000
Dislocations <sup>2</sup>	\$50 – \$3,000	\$100 – \$6,000
Second and Third Degree Burns	\$50 – \$5,000	\$100 – \$10,000
Concussions	\$200	\$400
Cuts/Lacerations	\$25 – \$200	\$50 – \$400
Eye Injuries	\$200	\$300
<b>Medical Services &amp; Treatment</b>		
Ambulance	\$200 – \$750	\$300 – \$1,000
Emergency Care	\$25 – \$50	\$50 – \$100
Non-Emergency Care	\$25	\$50
Physician Follow-Up	\$50	\$75
Therapy Services (including physical therapy)	\$15	\$25
Medical Testing Benefit	\$100	\$200
Medical Appliances	\$50 – \$500	\$100 – \$1,000
Inpatient Surgery	\$100 – \$1,000	\$200 – \$2,000
<b>Hospital<sup>3</sup> Coverage (Accident)</b>		
Admission	\$500 – \$1,000 per accident	\$1,000 – \$2,000 per accident
Confinement	\$100 a day (non-ICU) – up to 31 days	\$200 a day (non-ICU) – up to 31 days
	\$200 a day (ICU) – up to 31 days	\$400 a day (ICU) – up to 31 days
Inpatient Rehab (paid per accident)	\$100 a day, up to 15 days	\$200 a day, up to 15 days
Benefit Type <sup>1</sup>	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
<b>Accidental Death</b>		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$25,000 \$75,000 for common carrier <sup>5</sup>	\$50,000 \$150,000 for common carrier <sup>5</sup>
<b>Dismemberment, Loss &amp; Paralysis</b>		
Dismemberment, Loss & Paralysis	\$250 – \$10,000 per injury	\$500 - \$50,000 per injury

## BENEFIT PAYMENT EXAMPLE

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event <sup>1</sup>	Benefit Amount <sup>8</sup>
Ambulance (ground)	\$300
Emergency Care	\$100
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,350

## INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance Coverage Options	Monthly Cost to You	
	Low Plan	High Plan
Employee	\$5.85	\$11.17
Employee & Spouse	\$9.07	\$17.30
Employee & Child(ren)	\$10.57	\$20.14
Employee & Spouse/Child(ren)	\$14.08	\$26.84

## QUESTIONS & ANSWERS

### Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members!<sup>9</sup> You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

### How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

### What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you.<sup>10</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

### Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Individuals with a TTY may call 1-800-855-2880.

Please call MetLife directly at 1-855-JOIN-MET (1-855-564-6638), Monday through Friday from 8:00 a.m. to 8 p.m., EST and talk with a benefits consultant.

<sup>1</sup> Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See the Outline of Coverage for more details.

<sup>2</sup> Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

<sup>3</sup> Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

<sup>4</sup> Not available in all states.

<sup>5</sup> Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Outline of Coverage for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

<sup>6</sup> Provides a benefit for lodging for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

<sup>7</sup> The Health Screening Benefit is not available in all states..

<sup>8</sup> Benefit amount is based on a sample MetLife plan design. Actual plan design and plan benefits may vary.

<sup>9</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered 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.

<sup>10</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.



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

**Group Policy Form No: GPNP12-AX  
(Referred to as the "Group Policy")  
Certificate Form No: GCERT12-AX  
(Referred to as the "Certificate")**

**GROUP ACCIDENT INSURANCE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS:  
THE CERTIFICATE PROVIDES BENEFITS FOR ACCIDENTAL DEATH AND  
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY  
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL  
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE  
WHEN YOU ENROLL FOR THIS INSURANCE.**

**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) 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) ACCIDENT INSURANCE**

Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

**3) BENEFITS**

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.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.

**You have a choice of selecting coverage under the Low Plan or the High Plan. A schedule of the benefit amounts for each plan is set forth below.**

## LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY:

<b>BASIC ACCIDENTAL DEATH BENEFIT: *</b>	<b>For You</b>	<b>For Your Spouse, Domestic Partner or Civil Union Partner</b>	<b>For Your Dependent Child or Civil Union Child</b>
	\$25,000	\$12,500	\$5,000
<b>ACCIDENTAL DEATH – COMMON CARRIER BENEFIT: *</b>	<b>For You</b>	<b>For Your Spouse, Domestic Partner or Civil Union Partner</b>	<b>For Your Dependent Child or Civil Union Child</b>
	\$75,000	\$37,500	\$15,000

\*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.

### ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

<b>Basic Dismemberment/Functional Loss Benefit:</b>	<b>Benefit</b>
Loss of one finger or one toe	\$250
Loss of one arm or one leg	\$2,500
Loss of one hand or one foot	\$2,500
Loss of two or more fingers or toes in any combination	\$500
Loss of sight in one eye	\$2,500
Loss of hearing in one ear	\$2,500
<b>Catastrophic Dismemberment/Functional Loss Benefit:</b>	<b>Benefit</b>
Loss of both arms or both legs or one arm and one leg	\$10,000
Loss of both hands or both feet or one hand and one foot	\$10,000
Loss of sight in both eyes	\$10,000
Loss of hearing in both ears	\$10,000
Loss of ability to speak	\$10,000
<b>Paralysis Benefit:</b>	<b>Benefit</b>
Two limbs (paraplegia or hemiplegia)	\$5,000
Four limbs (quadriplegia)	\$10,000

**ACCIDENTAL INJURY BENEFITS:**

**Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$500	\$1,000
Skull fracture – depressed (except bones of face or nose)	\$1,500	\$3,000
Skull fracture – non-depressed (except bones of face or nose)	\$1,000	\$2,000
Lower Jaw, Mandible (except alveolar process)	\$250	\$500
Upper Jaw, Maxilla (except alveolar process)	\$500	\$1,000
Upper Arm between Elbow and Shoulder (humerus)	\$500	\$1,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$250	\$500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$250	\$500
Rib	\$250	\$500
Finger, Toe	\$50	\$100
Vertebrae, Body of (excluding vertebral processes)	\$1,000	\$2,000
Vertebral Processes	\$250	\$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$1,000	\$2,000
Hip, Thigh (femur)	\$1,500	\$3,000
Coccyx	\$250	\$500
Leg (tibia and/or fibula)	\$1,000	\$2,000
Kneecap (patella)	\$250	\$500
Ankle	\$250	\$500
Foot (except toes)	\$250	\$500

\***Chip Fracture Benefit** for any of the above: Benefit is 25% of the applicable benefit for the bone involved.

**Dislocation Benefit:**

**Full Dislocation Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Lower Jaw	\$250	\$500
Collarbone (sternoclavicular)	\$500	\$1,000
Collarbone (acromioclavicular and separation)	\$250	\$500
Shoulder (glenohumeral)	\$250	\$500
Rib	\$250	\$500
Elbow	\$250	\$500
Wrist	\$250	\$500
Bone or Bones of the Hand (other than fingers)	\$250	\$500
Hip	\$1,500	\$3,000
Knee (except patella)	\$1,000	\$2,000
Ankle - Bone or Bones of the Foot (other than toes)	\$500	\$1,000
One Toe or Finger	\$50	\$100

\***Partial Dislocation Benefit** for any of the above: Benefit is 25% of the applicable benefit for joint involved.

**Burn Benefit:**

**Percentage of total surface skin area that is burnt**

	<b>Benefit for 2<sup>nd</sup> Degree Burn</b>	<b>Benefit for 3<sup>rd</sup> Degree Burn</b>
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

**Skin Graft Benefit:**

Skin Graft for 2<sup>nd</sup> or 3<sup>rd</sup> degree burn

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b>
	\$200
<b>Coma Benefit</b>	\$5,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$500
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
<b>Laceration Benefit:</b>	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
<b>Broken Tooth Benefit:</b>	
Crown	\$100
Extraction	\$50
Filling	\$25
<b>Eye Injury Benefit</b>	\$200

**ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$750
<b>Ground Ambulance Benefit</b>	\$200
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$25
Urgent Care	\$25
<b>Non-Emergency Initial Care Benefit</b>	\$25
<b>Medical Testing Benefit</b>	\$100
<b>Physician Follow-Up Visit Benefit</b>	\$50
<b>Transportation Benefit</b>	\$200
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$15
Occupational therapy	\$15
Physical therapy	\$15
Respiratory therapy	\$15
Speech therapy	\$15
Vocational therapy	\$15
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$50

<b>Prosthetic Device Benefit:</b>	
One device only	\$500
More than one device	\$1,000

<b>Medical Appliance Benefit:</b>	<b>Benefit</b>
Brace	\$50
Cane	\$50
Crutches	\$50
Walker – expected use less than 1 year	\$100
Walker – expected use 1 year or longer	\$250
Walking boot	\$50
Wheel chair or motorized scooter – expected use less than 1 year	\$100
Wheel chair or motorized scooter – expected use 1 year or longer	\$500
Other medical device used for mobility	\$50

<b>Medical Appliance Benefit Limit:</b>	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500

<b>Modification Benefit</b>	\$500
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<b>Blood/Plasma/Platelets Benefit</b>	\$300
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<b>Inpatient Surgery Benefit:</b>	
Cranial Surgery	\$1,000
Exploratory Surgery	\$100
Hernia repair	\$100
Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000

<b>Outpatient Ambulatory Surgery Benefit</b>	\$150
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**ACCIDENT - HOSPITAL BENEFITS** **Benefit**

<b>Accident - Hospital Admission Benefit:</b>	
Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1,000

<b>Accident - Hospital Confinement Benefit:</b>	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
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<b>Inpatient Rehabilitation Benefit</b>	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
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**OTHER BENEFITS**

<b>Lodging Benefit</b>	\$100 per day, up to 31 days per calendar year
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## HIGH PLAN

IF YOU SELECT THE HIGH PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY:

<b>BASIC ACCIDENTAL DEATH BENEFIT: *</b>	<b>For You</b>	<b>For Your Spouse, Domestic Partner or Civil Union Partner</b>	<b>For Your Dependent Child or Civil Union Child</b>
	\$50,000	\$25,000	\$10,000
<b>ACCIDENTAL DEATH – COMMON CARRIER BENEFIT: *</b>	<b>For You</b>	<b>For Your Spouse, Domestic Partner or Civil Union Partner</b>	<b>For Your Dependent Child or Civil Union Child</b>
	\$150,000	\$75,000	\$30,000

\*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.

### ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

<b>Basic Dismemberment/Functional Loss Benefit:</b>	<b>Benefit</b>
Loss of one finger or one toe	\$500
Loss of one arm or one leg	\$10,000
Loss of one hand or one foot	\$10,000
Loss of two or more fingers or toes in any combination	\$1,000
Loss of sight in one eye	\$10,000
Loss of hearing in one ear	\$10,000
<b>Catastrophic Dismemberment/Functional Loss Benefit:</b>	<b>Benefit</b>
Loss of both arms or both legs or one arm and one leg	\$50,000
Loss of both hands or both feet or one hand and one foot	\$50,000
Loss of sight in both eyes	\$50,000
Loss of hearing in both ears	\$50,000
Loss of ability to speak	\$50,000
<b>Paralysis Benefit:</b>	<b>Benefit</b>
Two limbs (paraplegia or hemiplegia)	\$25,000
Four limbs (quadriplegia)	\$50,000



**ACCIDENTAL INJURY BENEFITS:**

**Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,000	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

\***Chip Fracture Benefit** for any of the above: Benefit is 25% of the applicable benefit for the bone involved.

**Dislocation Benefit:**

**Full Dislocation Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Lower Jaw	\$500	\$1,000
Collarbone (sternoclavicular)	\$1,000	\$2,000
Collarbone (acromioclavicular and separation)	\$500	\$1,000
Shoulder (glenohumeral)	\$500	\$1,000
Rib	\$500	\$1,000
Elbow	\$500	\$1,000
Wrist	\$500	\$1,000
Bone or Bones of the Hand (other than fingers)	\$500	\$1,000
Hip	\$3,000	\$6,000
Knee (except patella)	\$2,000	\$4,000
Ankle - Bone or Bones of the Foot (other than toes)	\$1,000	\$2,000
One Toe or Finger	\$100	\$200

\***Partial Dislocation Benefit** for any of the above: Benefit is 25% of the applicable benefit for joint involved.

**Burn Benefit:**

**Percentage of total surface skin area that is burnt**

	<b>Benefit for 2<sup>nd</sup> Degree Burn</b>	<b>Benefit for 3<sup>rd</sup> Degree Burn</b>
Less than 10%	\$100	\$1,000
At least 10% but less than 25%	\$200	\$2,000
At least 25% but less than 35%	\$500	\$5,000
35% or more	\$1,000	\$10,000

**Skin Graft Benefit:**

Skin Graft for 2<sup>nd</sup> or 3<sup>rd</sup> degree burn

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b>
	\$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$750
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

**ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,000
<b>Ground Ambulance Benefit</b>	\$300
<b>Emergency Care Benefit:</b>	
Emergency Room	\$100
Physician's Office	\$50
Urgent Care	\$50
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100

**Prosthetic Device Benefit:**

One device only \$750  
More than one device \$1,500

**Medical Appliance Benefit:**

	<b>Benefit</b>
Brace	\$100
Cane	\$100
Crutches	\$100
Walker – expected use less than 1 year	\$200
Walker – expected use 1 year or longer	\$500
Walking boot	\$100
Wheel chair or motorized scooter – expected use less than 1 year	\$200
Wheel chair or motorized scooter – expected use 1 year or longer	\$1,000
Other medical device used for mobility	\$100

**Medical Appliance Benefit Limit:**

Limit for all Medical Appliances combined,  
per Covered Person, per Accident \$1,000

**Modification Benefit**

\$1,000

**Blood/Plasma/Platelets Benefit**

\$400

**Inpatient Surgery Benefit:**

Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

**Outpatient Ambulatory Surgery Benefit**

\$300

**ACCIDENT - HOSPITAL BENEFITS**

**Benefit**

**Accident - Hospital Admission Benefit:**

Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000

**Accident - Hospital Confinement Benefit:**

Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
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Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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**Inpatient Rehabilitation Benefit**

\$200 per day, up to 15 days per Covered  
Person per Accident but not to exceed 30  
days per calendar year

**OTHER BENEFITS**

**Lodging Benefit**

\$200 per day, up to 31 days per  
calendar year

#### 4) DEFINITIONS

**Accident** means an act or event which:

- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:

- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:

- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

#### 5) EXCLUSIONS

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:

- 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:

- 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;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's engagement in an illegal occupation;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - 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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - 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
  - 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;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - 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;
- 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;
- 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.

In addition, we will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - medical treatment;
  - hospital admission or confinement; or
  - inpatient stay in a rehabilitation facility.

**6) LIMITATIONS**

**Benefit Reduction Due to Age**

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age on the date of an Accident, for all benefits that become payable because of the Accident.

<b>Attained Age</b>	<b>Reduction Amount</b>
65 to 69	Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 65 to 69. For example, a \$100 benefit, as listed in the Schedule, will be paid at \$75 if the Covered Person’s Attained Age is 67.
70 or older	Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a \$100 benefit, as listed on the Schedule, will be paid at \$50 if the Covered Person’s Attained Age is 72.

**7) 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.

Termination of the Group Policy or a Covered Person’s insurance will be without prejudice to an existing claim.

## **8) 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 policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **9) 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.

## **10) PREMIUM**

Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.