# READ YOUR OUTLINE OF COVERAGE

Group Accident Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is your employer: Monarch HealthCare Management, LLC.**

The Outline of Coverage provides a very brief summary of the important features of the Group Accident Insurance. 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 your state of residence on the following page: **Alaska, Arkansas, Colorado, Connecticut, Florida, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, or Wyoming.**

**OR**

- If you do not reside in one of the above listed states, click on the **GROUP POLICY ISSUANCE STATE** on the following page**. The GROUP POLICY ISSUANCE STATE is:** MINNESOTA

<u>It is important that you follow the above directions and click on the link for the state that applies to you. Some of the information in the Outline of Coverage varies by state.</u>

If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit's availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife's toll-free at 1-800-GET-MET8 for further information and any questions you have about this important coverage.

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**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

**2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**3) Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |

| | | |
|---|---|---|
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit<br>(paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit<br>(paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit<br>(paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |

| | | |
|---|---|---|
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accident Prevention Screening Benefit - benefit provided for certain screening/prevention tests | $50<br><br>Paid 1 time per calendar year | $50<br><br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, of:
  - any narcotic, unless it is:
    - taken or used as prescribed by a physician;
  - the covered person's voluntary use of poison, gas, or fumes;

- with respect to the 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);
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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 in a professional capacity in 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

**5) When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Group Policy Issuance State ----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-COVERAGE**

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**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF ALASKA:**

**The following information applies if Continued Insurance takes effect for you under the At Your Option: Continuation With Premium Payment provision in the Certificate:**

**Grace Period**

There is a grace period of 31 days from the date Continued Insurance would otherwise end, if you do not pay the contribution for Continued Insurance on the date it is due, as specified in the premium notice we send to you. This means each contribution that is due after the first contribution for Continued Insurance may be paid up to 31 days after its due date. During the grace period, your Continued Insurance will stay in force.

**Reinstatement of Continued Insurance**

If we do not receive the premium due for your Continued Insurance before the end of the grace period, your Continued Insurance will lapse. No benefits are payable under the Certificate due to any accident that occurs during the period your Continued Insurance is lapsed. After your Continued Insurance has lapsed, such insurance may be reinstated if:

- you request reinstatement within 2 months after the date Continued Insurance lapsed;
- we approve your request; and
- you make a premium payment to us for the first month of your reinstated Continued Insurance by the due date specified in the premium notice.

If we approve your request for reinstatement, or, if we have not sent you a written disapproval within 45 days after your reinstatement request, and, we receive the premium due for your reinstated insurance, your Continued Insurance will be reinstated effective the earlier of:

- the first day of the calendar month that coincides with or next follows the date we approve your request; or,
- the first day of the calendar month that coincides with or next follows the end of the 45 day period which follows the date you made your request for reinstatement.

**Time Limit on Defenses**

The following provision replaces the Incontestability: Statements by You provision in the General Provisions section of the Certificate:

After three years from the effective date of any of the following:
- your insurance under the Certificate;
- any change in the terms of the Certificate; or
- reinstatement,

no misstatements, except fraudulent misstatements, made by you can be used to avoid the insurance under the Certificate, after the end of such three-year period.

**Entire Contract**

The entire contract is made up of the following:
1. the Group Policy, and its exhibits, including the Certificate, and, any riders to this Certificate;
2. the group policyholder's application; and
3. the amendments and endorsements to the Group Policy, if any.

The Group Policy, when issued, shall contain the entire contract between the parties.

The terms and provisions of the Group Policy may be changed, at any time, without the consent of the persons insured under it or anyone else with a beneficial interest in it. MetLife will issue amendments or endorsements to effect such changes. MetLife will only make changes that are consistent with applicable law. An amendment or endorsement will not affect the insurance provided under certificates issued before the effective date of the change, unless retroactivity is consistent with applicable law.

An officer of MetLife must approve in writing any change or waiver of the terms and provisions of the Group Policy. A sales representative, or other MetLife employee, who is not an officer of MetLife does not have MetLife's authority to approve such changes or waivers. A change or waiver will be evidenced by an amendment signed by an officer of MetLife and the group policyholder or an endorsement signed by an officer of MetLife. A copy of the amendment or endorsement will be provided to the group policyholder for attachment to the policy.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |

| | | |
|---|---|---|
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |

| Other Benefits | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br><br>Paid 1 time per calendar year | $50<br><br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Alaska----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |

| | | |
|---|---|---|
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |

| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or

- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Arkansas----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-COVERAGE**

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**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF COLORADO:**

**The type of insurance provided under the Certificate is Accident Insurance with Health Screening Benefit.**

**The following information affects the dependent child definition and dependent child eligibility requirements:**

- A child of your domestic partner is eligible for coverage as a dependent child who is a stepchild.

**The following information affects domestic partners:**

- The term spouse includes your domestic partner or civil union partner if the partnership is registered with a government agency where such registration is available.

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

## Accident Insurance Benefits Summary

| | | |
|---|---|---|
| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |

| | | |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |

| | | |
|---|---|---|
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - | $50 | $50 |

| | | |
|---|---|---|
| benefit provided for certain screening/prevention tests | Paid 1 time per calendar year | Paid 1 time per calendar year |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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.

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5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Colorado----------

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**NEW YORK, NEW YORK**

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**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF CONNECTICUT:**

**The following information affects dependent definition and dependent eligibility requirements:**

- The timeframes included in the Date Dependent Insurance Takes Effect provision of your Certificate which address: providing notice of a newborn; how long coverage will initially take effect for such a child; will not be less than 61 days.

**The following definition(s) apply to your coverage:**

- **Accidental Ingestion** means accidentally taking into the body, by mouth, a drug that contains a substance that has been defined as a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended. A controlled substance does not include alcohol, nicotine and caffeine. The term Accidental Ingestion does not include the voluntary use of a controlled substance unless such controlled substance is taken or used as prescribed by a physician.

- **Coma** means a continuous state of profound unconsciousness, characterized by an abnormal computerized tomography (CT) scan, magnetic resonance imaging (MRI), or electroencephalography (EEG), a Glasgow Coma Scale value less than 9, and the presence of one or more of the following clinical symptoms:
  - absence of purposeful response to commands, including eye opening, verbal response; and motor response;
  - depressed brainstem reflexes, such as pupils not responding to light;
  - no response of limbs, except for reflex movements; or
  - no response to painful stimuli, except for reflex movements.

**The following information affects Accidental Functional Loss Benefits:**

- **Functional Loss** means any of the following:
  - Permanent loss of hearing: permanent deafness in at least one ear, such that it cannot be corrected to any functional degree by any procedure, aid or device. Permanence of the loss of hearing must be established by clinical and diagnostic testing and confirmed by a physician whose medical training and clinical specialty are appropriate for treating this type of functional loss condition.
  - Permanent loss of sight: permanent loss of sight in an eye. With correction, visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees. Permanence of the loss of sight must be supported by clinical and diagnostic testing confirmed by a physician whose medical training and clinical specialty are appropriate for treating this type of functional loss condition.
  - Permanent loss of ability to speak: total and permanent loss of audible communication (aphonia), if such loss cannot be corrected to any functional degree by any procedure, aid or device. Permanence of the loss of ability to speak must be established by clinical and diagnostic testing and confirmed by a physician whose medical training and clinical specialty are appropriate for treating this type of functional loss condition.

**The following information affects Paralysis Benefits:**

**Paralysis** means the permanent total and irrecoverable loss of movement of 2 or more limbs:

- that is established by clinical and diagnostic evidence and confirmed by a physician whose medical training and clinical specialty are appropriate for treating this type of condition; or
- that is the result of a transected spinal cord with no expectation of return to function as established by clinical and diagnostic evidence and confirmed by a physician whose medical training and clinical specialty are appropriate for treating this type of condition.

The term Paralysis does not include a dismemberment or coma.

**The following information affects Accident – Medical Treatment and Services Benefits:**

- **The Home Care Benefit described below is included in your coverage:**

  If a covered person requires nursing care or treatment for an injury and goes home following discharge from a hospital confinement for which we paid an Admission Benefit, we will pay the Home Care Benefit shown on the schedule within this outline of coverage for each day the covered person receives care at home, subject to the following:
  - Care at home must be prescribed by a physician and provided for the same injury for which the Admission Benefit was paid.
  - Care at home must begin within 7 days after the discharge.

- The care at home must be provided by a registered professional nurse (R.N.), licensed practical nurse (L.P.N.) or licensed vocational nurse (L.V.N.) who is licensed under the laws where the services are performed or through a Home Care Agency.
- We will pay the Home Care Benefit no more than:
  - 2 days per covered person per accident; and
  - 10 days per covered person, per lifetime.

We will not pay the Home Care Benefit for Therapy Services received by a covered person.

For purposes of the Home Care Benefit, a Home Care Agency means an organization or agency that:

- is certified as a home health care agency by Medicare; or
- if licensing or certification is required, maintains all appropriate licensing and/or certification under the laws where it is located, or under a public health law or similar law, to provide home care services; or
- if licensing or certification is not required, meets ALL of the following requirements:
  - uses home care aides, trained or certified in accordance with any laws which apply to the care that they provide;
  - has at least 5 clients;
  - provides on-site supervision of home care aides and homemakers by a qualified person;
  - provides on-call availability of a supervisor of the organization;
  - requires, at a minimum, a background check and employment eligibility verification for all home care aides and homemakers;
  - home care aides and homemakers are employees of the organization or agency and are not independent contractors;
  - has a written treatment plan in place for each client;
  - maintains a written record of services performed for each client; and
  - a majority of the organization's or agency's clients are not related to the organization's or agency's owner or manager.

- **The Accidental Ingestion Outpatient Treatment Benefit described below is included in your coverage:**

If a covered person receives emergency treatment in an emergency room, urgent care facility or physician's office for an Accidental Ingestion, we will pay the applicable Accidental Ingestion Outpatient Treatment Benefit shown in the Benefits Summary below, subject to the following:

- Treatment must:
  - begin within 72 hours after the Accidental Ingestion occurs and be provided within 60 days after the Accidental Ingestion occurs;
  - be specific to the Accidental Ingestion; and
  - not be for routine examinations or preventative testing.

- We will pay benefits for each service listed under the Accidental Outpatient Treatment Benefit in the schedule included within this outline of coverage no more than one time per covered person, per day.
- We will pay no more than $500 for all benefits paid under this provision per covered person: per Accidental Ingestion; and per calendar year.
- We will not pay any of the following benefits for treatment of an Accidental Ingestion: the Emergency Care Benefit, Non-Emergency Initial Care Benefit, or the Physician Follow-Up Benefit. We will instead pay the Accidental Ingestion Outpatient Treatment Benefit.

If the Accidental Ingestion Outpatient Benefit is payable for treatment of any injury(ies) that are a direct result of an Accidental Ingestion on the same day that the Emergency Care Benefit, Non-Emergency Initial Care Benefit, or Physician Follow-Up Visit Benefit is payable for treatment of such injury(ies), we will only pay the Accidental Ingestion Outpatient Treatment Benefit for treatment of such injury(ies) received that day, and not the Emergency Care Benefit, Non-Emergency Initial Care Benefit, or Physician Follow-Up Visit Benefit.

**The following information affects Accident-Hospital Benefits:**

- The Accidental Ingestion Confinement Benefit described below is included in your coverage.

**Accidental Ingestion Confinement Benefit**

We will pay hospital benefits for a covered person's confinement for emergency treatment of an Accidental Ingestion, subject to and in accordance with all of the following:

- For each day that the covered person is confined for emergency treatment for an Accidental Ingestion:
  - if the Admission Benefit or Confinement Benefit is payable for that day, we will pay the Admission Benefit or Confinement Benefit shown in the Benefits Summary below (as applicable), and not the Accidental Ingestion Confinement Benefit; and
  - we will pay the Accidental Ingestion Confinement Benefit for a day that the Admission Benefit or Confinement Benefit is not payable because the maximum number of days for payment of those benefits has been reached.
- For Confinement(s) for Accidental Ingestion, we will pay the Admission Benefit, Confinement Benefit and Accidental Ingestion Confinement Benefit combined, no more than:
  - 30 days per covered person per Accidental Ingestion; and
  - 30 days per covered person per calendar year.

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

**The following information affects the end of insurance:**

- The group policyholder agrees to provide you with at least 15 days advance notice prior to cancellation or discontinuation of the Group Policy.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |

| | | |
|---|---|---|
| Therapy Services Benefit<br>(including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| Home Care Benefit<br>(paid no more than 10 days per accident and 20 days lifetime) | $25 per day | $25 per day |
| Accidental Ingestion Outpatient Treatment<br>Benefit:<br>Emergency Room<br>Urgent Care Facility<br>Physician's Office<br>(paid no more than $500 per accidental ingestion and per calendar year) | <br><br><br>$200<br>$200<br>$75 | <br><br><br>$250<br>$250<br>$100 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit<br>(paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit | $250 per day | $300 per day |

| | | |
|---|---|---|
| (paid for up to 365 days per accident) | | |
| Accidental Ingestion Confinement Benefit (paid for up to 30 days per ingestion and 30 days per calendar year) | $50 per day | $50 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

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

- the voluntary use, of any:
  - controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by a physician for the covered person; or
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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 in a professional capacity in 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

Participation in a Riot means all forms of public violence, disorder or disturbance of the peace by three or more persons. It does not matter whether:

- there was common intent; or
- there was intent to damage any person or property, or to break the law.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Connecticut----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF FLORIDA:**

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

**The following information affects claims requirements:**

- No legal action may be brought to recover on a claim under the Certificate within 60 days after the date proof has been given as required by the Certificate. No such action may be brought after the expiration of the applicable statute of limitations from the date proof is required to be given.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |

| | | |
|---|---|---|
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |

| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |

| | | |
|---|---|---|
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- activities required by the covered person to carry out the duties and responsibilities of their 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Florida----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY COVERAGE**
**GROUP POLICY FORM NO: GPNP12-AX-fp-3, et al**
**CERTIFICATE FORM NO: GCERT16-AX-fp-1, et al.**

**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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF IDAHO:**

**The following information affects dependent definitions and dependent eligibility requirements:**

- A child who is eligible as a dependent child under the terms of the Certificate includes any such child who has a congenital anomaly.

- If dependent coverage is not already in effect for at least one other dependent child, to continue coverage beyond the first 60 days of coverage for a newborn child or if you adopt a child:
  - Any additional contributions, if required, for a newborn child or an adopted child must be received by us within 31 days following:
    - the date that the monthly premium invoice is received by the group policyholder and the notice of premium contributions has been provided to you, if your premium contributions are being paid by payroll deductions; or
    - receipt by you of a bill for the required additional premium contributions, if you are directly billed for payment of premium contributions.

**The following information affects definitions:**

- The following definition applies to your coverage: Congenital anomaly means a condition existing at or from birth that is a significant deviation from the common form or function of the body, whether caused by a hereditary or developmental defect or disease. The term significant deviation is defined to be a deviation which impairs the function of the body and includes but is not limited to the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies.

**The following information affects the Accidental Dismemberment / Functional Loss / Paralysis Benefits:**

- The time period within which the loss must be documented by a physician after the accident occurs is the greater of 90 days or the time period set forth in the Certificate.

- The continuous period for the duration of the loss will be the lesser of 90 days or the time period set forth in the Certificate.

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |

| | | |
|---|---|---|
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |

| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

- The Certificate does not provide benefits for any loss for a covered person caused or contributed by: 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, or riot;
- the covered person's participation in a felony;
- dental care or treatment or cosmetic surgery, 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 this 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 this Certificate;
- 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 performance of professional aviation duties for wage or profit;
- if acting in a professional capacity for wage or profit, 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 participating in any professional competitive athletic activity for which any type of compensation or remuneration is received; or
- if acting in a professional capacity for wage or profit, the covered person hang gliding, para-kiting, or sail-gliding.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Idaho----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-COVERAGE**

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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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
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| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
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| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |

| | | |
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| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
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| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
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| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
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| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or

- 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 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.

7) **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.

8) **Premiums.** 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.

----------End of Louisiana----------

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**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-COVERAGE**

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| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |

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| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |

| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or

- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Mississippi----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF MISSOURI:**

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

**The following information affects claims requirements:**

- You must provide us with notice of a claim within 30 days of the date of loss. Failure to provide notice of claim within such time will not invalidate or reduce any claim if it is shown that it was not reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |

| | | |
|---|---|---|
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |

| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |

| | | |
|---|---|---|
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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 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.

7) **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.

8) **Premiums.** 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.

----------End of Missouri----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF MONTANA:**

**The following information affects the definition of the term "physician":**

- The term physician includes the following providers, if licensed to provide a service for which a benefit is payable under the Certificate according to the laws and regulations of the jurisdiction where such service is performed, and if the provider is acting within the scope of their license: a medical practitioner, a physician's assistant; dentist; osteopath; chiropractor; optometrist; podiatrist; psychologist; licensed social worker; licensed professional counselor; acupuncturist; naturopathic physician; physical therapist; speech-language pathologist; audiologist; licensed addiction counselor; or advanced practice registered nurse.

**The following information affects claims requirements:**

- Notice of a claim must be provided to us within 6 months of the date of the loss.

- A legal action on a claim may only be brought against us during a certain period. This period begins 60 days after the date proof is filed and ends on the expiration of any applicable statutes of limitations.

## Accident Insurance Benefits Summary

| | | |
|---|---|---|
| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |

| | | |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |

| | | |
|---|---|---|
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - | $50 | $50 |

| | | |
|---|---|---|
| benefit provided for certain screening/prevention tests | Paid 1 time per calendar year | Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** The premium rates for this insurance take into consideration benefit levels, the demographics of the insured group, the applicable industry, and other risk-related rating factors. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

The applicable Premium for you is shown in the enclosed rate sheet.

Please complete the following estimated annual premium information once you have made your coverage selections using the premium rates supplied by us.
(to be completed by applicant)

Estimated annual premium $_____

At this time there is no trend information regarding premium increases and decreases to disclose.

----------End of Montana----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NEBRASKA:**

**The following information affects claims requirements:**

- You must provide us with notice of a claim within 30 days of the date of loss or as soon as reasonably possible.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |

| | | |
|---|---|---|
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit | $250 per day | $300 per day |

| | | |
|---|---|---|
| (paid for up to 365 days per accident) | | |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;

- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Nebraska----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NORTH CAROLINA:**

**The following information affects a non-custodial parent:**

If you do not have custody of a child who is insured under the Certificate, we may provide information to the custodial parent of such child as may be necessary for the child to obtain benefits.

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

**The following information affects claims requirements:**

- Proof of loss must be provided to us not later than 180 days after the date of the loss.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |

| | | |
|---|---|---|
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |

| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |

| | | |
|---|---|---|
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed; or
  - alcohol in combination with any drug, medication, or sedative;
  - the covered person's voluntary inhalation of gas, or fumes or voluntary taking of poison;
- 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 term "war" does not include terrorist acts);
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of North Carolina----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NEW HAMPSHIRE:**

**The following information affects eligibility requirements:**

- Employees who work a minimum of 15 hours per week are eligible for coverage.

**The following information affects dependent definitions and dependent eligibility requirements:**

- The medical restriction requirement does not apply to dependent coverage. The effective date of insurance for a dependent is determined without regard to whether such dependent is under a medical restriction.

**The following information affects Accidental Dismemberment Benefits:**

- The Basic Dismemberment Benefit for loss of one finger or one toe will be the greater of $1,000 or the amount set forth in the Certificate for such loss.

- The Basic Dismemberment Benefit for loss of two or more fingers or toes in any combination be the greater of $1,000 or the amount set forth in the Certificate for such loss – the benefit will be paid for each digit lost.

**The following information affects the Laceration Benefit:**

- The Laceration Benefit will be paid without regard to whether stitches were provided, based on the benefit amounts that apply to repair with stitches.

**The following information affects the Broken Tooth Benefit:**

- The Broken Tooth Benefit will be paid if the broken tooth is cared for by a physician, without regard to the method of repair. The Broken Tooth Benefit amount we will pay is set forth in the Benefit Summary above.

- We will pay the Broken Tooth Benefit no more than 1 times per Covered Person per accident.

**The following information affects the Eye Injury Benefit:**

- The Eye Injury Benefit is payable for care for an injury to the eye by a physician without regard to whether surgery or removal of a foreign object is performed.

**The following information affects Accident – Medical Treatment Services and Benefits:**

- Accident – Medical Treatment and Services Benefits is referred to as Accident – Medical Care and Services Benefits.

**The following information affects the Blood/Plasma/Platelets Benefit:**

- The Blood/Plasma/Platelets Benefit is referred to as Transfusion Benefit.

**The following information affects the Physician Follow-Up Visit Benefit:**

- The Physician Follow-Up Visit Benefit will be payable for outpatient care by a physician, without regard to the location of the outpatient care.

**The following information affects Surgery Benefits:**

- Surgery Benefits are provided for Major Surgery and Minor Surgery in the amounts set forth in the Benefit Summary above.

- **Covered Surgery** means a Major Surgery, a Minor Surgery or Exploratory Surgery.

- **Major Surgery** means any of the following procedures:
  - cranial surgery;
  - thoracic cavity and abdominal pelvic cavity Surgery; or
  - skin graft surgery.

- **Minor Surgery** means any of the following procedures:
  - surgery to repair a hernia;
  - surgery to repair a ruptured disc;
  - surgery to repair torn cartilage in the knee (meniscus); or
  - surgery to repair a torn tendon, ligament or rotator cuff.

- The term Minor Surgery includes exploratory surgery.

**The following information affects Hospital Benefits:**

- The time period after the accident in which hospital admission for treatment of an injury must occur is the greater of 31 days or the time period set forth in the Certificate.

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

**The following information affects continuation of insurance under the Certificate:**

**Special continuation provision for spouses is available as described below.**
If you and your spouse divorce or legally separate, your spouse may continue his or her coverage under the Certificate. Continuation for your spouse will continue until the earliest of the following occurrences:

- the date your coverage under the group policy ends;
- the third anniversary of the final divorce decree or legal separation;
- the remarriage of the spouse;
- the death of the spouse;
- an earlier date if specified in the divorce decree or legal separation; or
- failure to pay premium within 30 days after it is due.

**The following information affects claims requirements:**

- If notice of claim or proof of loss is not given in accordance with time frames set forth in the Certificate, the delay will not cause a claim to be denied or reduced if notice and proof are given as soon as is reasonably possible.

- The benefits under the group policy are not assignable.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is |
|---|---|---|

| | payable. Please refer to the Certificate for details. | payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit<br>(Chip fractures are paid at 25% of the applicable fracture benefit) | A range of $100 – $8,000 depending on the fracture and type of repair | A range of $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit<br>(Partial dislocations are paid at 25% of the applicable dislocation benefit) | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut | $75 – $750 depending on the length of the cut |
| Broken Tooth Benefit | $100 | $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Care and Services Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit<br>(including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |

| | | |
|---|---|---|
| Modification Benefit | $1,000 | $1,500 |
| Transfusion Benefit | $500 | $625 |
| Surgery Benefits: | Minor Surgery: $750<br>Major Surgery: $1,500 | Minor Surgery: $1,000<br>Major Surgery: $2,000 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit<br>(paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit<br>(paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit<br>(paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier<br>(common carrier refers to airplanes, trains, buses, subways, trolleys, and boats) | $50,000<br>$150,000 for accidental death on common carrier<br>(common carrier refers to airplanes, trains, buses, subways, trolleys, and boats) |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |

| Other Benefits | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit - for a companion of a covered person who is hospitalized (the lodging must be at least 50 miles from insured's primary residence) | $150 per day | $200 per day |

- Accidental Death Benefit - 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.

**4) Exclusions and limitations:**

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis, care 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in a wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 or provide care for 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of New Hampshire----------

## Notice for New Mexico Residents

The following notice is provided in accordance with New Mexico requirements.

The coverage provided under your benefits plan or policy underwritten by Metropolitan Life Insurance Company is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus ") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the testing, diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

1. Contact a licensed insurance broker or agent to see about major medical coverage availability.

2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact beWellnm toll-free at 1-833-862-3935.

3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at 1-855-637-6574 or visit https :// www.yes .state.nm .us/yesnm/home/index

4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool ") at 1-844-728-7896 or https://nmmip.org/". If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at https://www.cdc .gov/ or http ://cv.nmhealth.org/.

Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at 1-855-600-3453.

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific**

**questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NEW MEXICO:**

**The following information affects claims requirements:**

- If you do not have custody of a child who is insured under the Certificate, we may provide information to the custodial parent of such child as may be necessary for the child to obtain benefits.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |

| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit | $250 per day | $300 per day |

| | | |
|---|---|---|
| (paid for up to 365 days per accident) | | |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;

- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of New Mexico----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |

| | | |
|---|---|---|
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |

| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accident Prevention Screening Benefit -<br>benefit provided for certain screening/prevention tests | $50<br><br>Paid 1 time per calendar year | $50<br><br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or

- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of North Dakota----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF OHIO:**

**The following information affects continuation of insurance under your Certificate:**

- For the At Your Option: Continuation with Premium Payment provision:
  - Continued insurance is not available to you when the Group Policy ends.
  - Continued insurance ends on the date the Group Policy ends.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |

| | | |
|---|---|---|
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit | $250 per day | $300 per day |

| | | |
|---|---|---|
| (paid for up to 365 days per accident) | | |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;

- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Ohio----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

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**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF OKLAHOMA:**

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |

| | | |
|---|---|---|
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit | $250 per day | $300 per day |

| | | |
|---|---|---|
| (paid for up to 365 days per accident) | | |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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– 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;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Oklahoma----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF SOUTH CAROLINA:**

**The following information affects continuation of insurance under your Certificate:**

- If you and your spouse divorce, your spouse may elect to continue his or her coverage under the Certificate. Continuation for your spouse will continue until the earliest of the following occurrences:
  - the date your coverage under the Group Policy ends;
  - the death of the spouse; or
  - failure to pay premium within 30 days after it is due.

**The following information affects claims requirements:**

- A legal action on a claim may only be brought against us during a certain time period. This period begins 60 days after the date proof of claim is filed and ends six years after the date such proof is required to be filed.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |

| | | |
|---|---|---|
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |

| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |

| | | |
|---|---|---|
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of South Carolina----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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.**

This limited health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits Certificate and is not intended to cover all medical expenses. This plan is not designed to cover the costs of serious or chronic illness.

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF SOUTH DAKOTA:**

**The following information affects the definition of Confinement:**

- Any requirement within the definition of the term Confinement that confinement in an observation area must last a minimum number of hours does not apply.

**The following information affects the definition of Physician:**

- The term Physician does not include:
  - you;
  - your spouse or anyone to whom you are related by blood or marriage unless any of these people is the only physician in the area and is acting within the scope of his or her normal employment;
  - anyone with whom you are residing;
  - your adopted or stepchild unless your adopted or stepchild is the only physician in the area and is acting within the scope of his or her normal employment;
  - anyone with whom you share a business interest; or
  - your employee.

**The following information affects the Broken Tooth Benefit:**

- The statement that no benefit will be payable for an injury to a tooth that is not a sound, natural tooth does not apply.

**The following information affects the Admission Benefit under Hospital Benefits:**

- The admission benefit is not payable for a stay in an observation area of a hospital, without regard to the length of time of the stay.

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |

| | | |
|---|---|---|
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is |

| | | |
|---|---|---|
| | payable. Please refer to the Certificate for details. | payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of South Dakota----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF TEXAS:**

**The following information affects dependent definitions and dependent eligibility requirements:**

- The effective date of insurance for a child who becomes covered under the Certificate pursuant to a medical support order issued under Texas Statutes 154, Family Code, or enforceable by a court in the State of Texas, will be determined without regard to whether the child is under a medical restriction.

**The following information affects the definition of the term "physician":**

- The term physician, for other than a dentist, does not include: you; your spouse or anyone to whom you are related by blood or marriage; anyone with whom you are residing; your adopted or stepchild; anyone with whom you share a business interest; or your employee.

**The following information affects claims requirements:**

- The benefits under the Group Policy are not assignable prior to a claim for benefits, except to a physician or other health care provider who provides health care services to you, or except as required by law or permitted by us.

- Proof of loss must be provided to us not later than 90 days after the date of the loss. If this time frame is not met, the delay will not cause a claim to be denied or reduced if proof is given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than15 months from the date proof of the loss is required.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |

| | | |
|---|---|---|
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit<br>(paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit<br>(paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit<br>(paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |

| | | |
|---|---|---|
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br><br>Paid 1 time per calendar year | $50<br><br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;

- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Texas----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF UTAH:**

**The following information affects dependent definitions and dependent eligibility requirements:**

- The "For Mentally or Physically Handicapped Children" provision in the Certificate does not apply since disabled children who exceed the dependent child age limit are eligible from the beginning of coverage.

**The following information affects definitions of facilities:**

- A hospital will be defined no more restrictively than a short-term, acute care, general facility that is duly licensed as a hospital by the agency responsible for such licensing.

- An outpatient surgery facility, will be defined no more restrictively than a facility mainly engaged in performing outpatient surgery that is approved as an ambulatory surgery facility by Medicare, or maintains all appropriate licensing for a facility that provides ambulatory surgery.

- In the definition of the term Rehabilitation Facility, the list of what a Rehabilitation Facility does not include is limited to the following:
  - a nursing home, unless the covered person is receiving rehabilitation care services at the nursing home facility;
  - an extended care facility, unless the covered person is receiving rehabilitation care services at the extended care facility;
  - a skilled nursing facility, unless the covered person is receiving rehabilitation care services at the facility.

**The following information affects Accidental Death Benefits:**

- The time period after the accident occurs in within which death must occur will be the greater of 180 days or the time period set forth in the Certificate.

**The following information affects Accidental Dismemberment Benefits:**

- The time period in which a dismemberment must be documented by a physician after the accident occurs is the greater of 180 days or the time period set forth in the Certificate for such loss.

**The following information affects Functional Loss Benefits:**

- The time period within which a functional loss must be documented by a physician after the accident occurs is the greater of 180 days or the time period set forth in the Certificate.

- The functional loss must have lasted for a continuous period of not less than 30 days.

**The following information affects the Paralysis Benefit:**

- The time period within which paralysis must be documented by a physician after the accident occurs will be the greater of 180 days and the time period set forth in the Certificate for such loss.

- The paralysis must have lasted for a continuous period of not less than 30 days.

**The following information affects Accidental Injury Benefits:**

- For the Fracture Benefit, Dislocation Benefit, Coma Benefit, Broken Tooth Benefit, or Eye Injury Benefit, the injury must be diagnosed or treated no more than 180 days after the Accident (as defined in the Certificate).

- For the Burn Benefit or Laceration Benefit, the injury must be treated as soon as reasonably possible after the accident.

- For the Concussion Benefit, diagnosis of the injury must be made as soon as reasonably possible after the accident.

**The following information affects Accident – Medical Treatment and Services Benefits:**

- For the Air Ambulance Benefit, Ground Ambulance Benefit, Medical Testing Benefit, Prosthetic Device Benefit, Modification Benefit, and Blood/Plasma/Platelets Benefit, the care, treatment or service for the injury must be performed by a physician, be received, be administered, or be

provided, as applicable to the particular Accident – Medical Treatment and Services Benefit, no more than 180 days after the accident.

- For the Emergency Care Benefit, initial care for the injury must be received as soon as reasonably possible after the accident.

- For the Physician Follow-Up Visit Benefit, Therapy Services Benefit, Surgery Benefits, and Other Outpatient Surgery Benefit, care or treatment of the injury, as applicable to the particular Accident – Medical Treatment and Services Benefit, must begin or occur no more than 180 days after the accident occurs.

- For the Pain Management Benefit (For Epidural Anesthesia), the time period within which the epidural anesthesia must be administered after accident occurs is the greater of 30 days or the time period set forth in the Certificate for such treatment.

- For the Prosthetic Device Benefit, the device must be received no more than 365 days after the accident occurs.

- For the Medical Appliance Benefit, the time period within which the use of the medical appliance must begin after the accident occurs is the greater of 180 days or the time frame set forth in the Certificate.

- For the Modification Benefit, the time period within which the modification must be made after the accident occurs is the greater of 180 days or the time frame set forth in the Certificate.

**The following information affects Hospital Benefits:**

- The time period within which hospital admission for treatment of an injury must occur after the accident occurs is the greater of 31 days or the time period set forth in the Certificate.
- The time period within which hospital confinement for treatment of an injury must begin after the accident occurs is the greater of 31 days or the time period set forth in the Certificate.

- The time period within which a stay in an inpatient rehabilitation facility for treatment of an injury must begin after the accident occurs is the greater of 31 days or the time period set forth in the Certificate.

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

**The following information affects continuation of insurance under your Certificate:**

**Continuation Under State Law** is available to you as described below:

**Qualifying Event** means any of the following that would cause insurance under the Certificate to end:

- the end of your employment with your employer, including voluntary or involuntary termination, or your retirement;
- your disability that results in your employment temporarily or permanently ending;
- a reduction of the number of hours that you work for your employer;
- your leave of absence from your employer, including sabbatical;
- with respect to dependent insurance, a change in status that causes a dependent to no longer qualify as a dependent;
- with respect to dependent insurance, your divorce or legal separation; or
- with respect to dependent insurance, your death.

Insurance provided under the Certificate may be continued with premium payment under state law if a Qualifying Event occurs ("State Required Continued Insurance") unless:

- insurance under the Group Policy ends for all employees;
- insurance under the Group Policy ends for the class of employees to which you belong;
- you become covered under another group policy that provides similar coverage to the coverage described in the Certificate, without application of a preexisting conditions exclusion or limitation;
- your insurance ends because you failed to pay a required premium when due;
- your insurance ends because you performed an act or practice that constitutes fraud in connection with the insurance provided by the Certificate;
- your insurance ends because you made an intentional misrepresentation of material fact in connection with the insurance provided by the Certificate;
- your employment ends due to your gross misconduct; or
- on the date of the Qualifying Event, you have not been continuously insured under the Group Policy for at least three consecutive months.

Your employer shall send written notice of the right to continue insurance under this provision, the payment amounts required for continued coverage, and the manner, place and time in which such payments must be made. Your employer shall send such written notice via first class mail to:

- you at your home address as shown in the records of your employer;
- your ex-spouse at the home address of your ex-spouse if the Qualifying Event is your divorce or legal separation and such address is shown in the records of your employer; or
- your surviving spouse and the guardian of any dependents, if the Qualifying Event is your death, in which case your employer shall send such notice to your surviving

spouse's home address, if different from yours and if shown in the records of your employer, and to the home address of the guardian of any dependents, if different from yours and if shown in the records of your employer.

If your employer fails to provide the written notice described above within 30 days after the Qualifying Event, a person entitled to continuation under this provision may contact us directly within 60 days after the Qualifying Event for information regarding the right to continue insurance, the payment amounts required for continued coverage, and the manner, place and time in which such payments must be made.

The premium that you, your ex-spouse if there has been a divorce or legal separation, or your dependents if you are not living, must pay for State Required Continued Insurance may include the amount, if any, that you previously contributed for insurance under the Certificate, plus any amount your employer contributed. To obtain State Required Continued Insurance you, your ex-spouse if there has been a divorce or legal separation, or your dependents if you are not living, must send a written request for State Required Continued Insurance and pay the first premium due no later than 60 days after the date of the Qualifying Event.

If you, your ex-spouse if there has been a divorce or legal separation, or your dependents if you are not living, fail to make a written request for State Required Continued Insurance and pay the first premium by the 60th day after the Qualifying Event, or if we do not receive the first premium due before the end of the grace period provided in the Group Policy, the right to State Required Continued Insurance will end.

State Required Continued Insurance will continue for all covered persons for a period of 366 days, beginning on the date of the Qualifying Event, and ending at 11:59 p.m. eastern standard time on the 366th day, ("366 day period") unless one of the following events occurs sooner, in which case, State Required Continued Insurance will end before the expiration of the 366 day period for one or more covered persons as indicated below, on the earliest of the following dates:

- for all covered persons, on the date insurance ends under the Group Policy for all employees;
- for persons covered by dependent insurance, the date dependent insurance ends under the Group Policy for all employees;
- for all covered persons, the date insurance ends under the Group Policy for the class of employees to which you belong;
- for persons covered by dependent insurance, the date dependent insurance ends under the Group Policy for the class of employees to which you belong;
- for any covered person, the date insurance takes effect for such person under another continuation option described in the Certificate if the other continuation option is expected to provide continued insurance for at least 366 days;

- for all covered persons, the last day of the grace period provided in the Group Policy if we do not receive a premium due for State Required Continued Insurance before the end of the grace period provided in the Group Policy;
- for any covered person, the date such person becomes eligible for coverage under another group policy providing coverage that is similar to the coverage provided under the Certificate;
- for each covered person, the date such person performs an act or practice that constitutes fraud in connection with the insurance provided by the Certificate; and
- for any covered person, the date such person makes an intentional misrepresentation of material fact in connection with the insurance provided by the Certificate.

**The following information affects claims requirements:**

- If notice of claim or proof of loss is not given in accordance with time frames set forth in the Certificate, the delay will not cause a claim to be denied or reduced if notice and proof are given as soon as is reasonably possible.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is |

| | | |
|---|---|---|
| | payable. Please refer to the Certificate for details. | payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit | $150 per day | $200 per day |

| | | |
|---|---|---|
| (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | | |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

## Organized Sports Activity Injury Benefit Rider

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 voluntary active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's active participation in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Utah----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF VERMONT:**

**The following information affects dependent definitions and dependent eligibility requirements:**

- A child of your civil union partner is eligible for coverage as a dependent child, subject to the same requirements that apply to a biological, adopted or stepchild.

**The following information affects civil union partners:**

- The term spouse includes your civil union partner with whom you have entered into a civil union established pursuant to Vermont statutes.

**The following information affects the definition of hospital:**

- In the definition of the term hospital, a hospital is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, or a place for convalescent, custodial, educational or rehabilitative care.

**The following information affects Accidental Dismemberment Benefits:**

- The benefit amount payable for loss of one finger or one toe will be the greater of $2,500 or the amount set forth in the Certificate for such loss.

- The benefit amount payable for loss of two or more fingers or toes will be the greater $5,000 or the amount set forth in the Certificate for such loss.

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

**The following information affects When Insurance Ends requirements:**

Termination of a covered person's insurance in accordance with the Certificate will be without prejudice to an existing claim, including an existing claim for hospitalization that is covered under the terms of the Certificate.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |

| | | |
|---|---|---|
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000 | $50,000 |

| | | |
|---|---|---|
| | $75,000 for accidental death on common carrier* | $150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

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

    - any drug, medication or sedative, unless it is:
        - 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
    - poison, gas, or fumes;
- the covered person’s suicide or attempted suicide (while sane);
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person’s infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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’s performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Vermont----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-COVERAGE**

**IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED**

**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.**

**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.**

**Benefits provided under the Certificate are non-coordinated - this means that benefits are payable without regard to any other coverage that you may have.**

**Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.**

**This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.**

**DISCLOSURE STATEMENT**

1) **Read Your Certificate Carefully -** This disclosure statement provides a very brief description of the important features of the coverage. 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 Group Policy itself will include in detail the rights and obligations of both the Group Policyholder and us. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses

resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.**

**3) Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, “you” and “your” refer to the employee who becomes insured for accident-only insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF WASHINGTON:**

**The following information affects the dependent child definition and dependent child eligibility requirements:**

- A child of your domestic partner is eligible for coverage as a dependent child who is a stepchild.

**The following information affects domestic partners:**

- The term spouse includes your domestic partner or civil union partner if the partnership is registered with a government agency where such registration is available.

**The following information affects Accidental Death Benefits:**

- The death must occur within 365 days after the accident occurs.

**The following information affects Accidental Dismemberment and Functional Loss Benefits:**

- The dismemberment or functional loss must be documented by a physician within 365 days after the accident occurs.

**The following information affects Functional Loss Benefits:**

- The functional loss must have lasted for a continuous period of 90 days.

**The following information affects the Paralysis Benefit:**

- The paralysis must be documented by a physician within 365 days after the accident.
- The paralysis must have lasted for a continuous period of 30 days.

**The following information affects the Accidental Injury Benefits:**

- The time period after the accident within which the injury must be diagnosed, treated or begin, as applicable to the particular Accidental Injury Benefit, is 365 days.

**The following information affects the Accident – Medical Treatment and Services Benefits:**

- Except as otherwise noted below, the time period after the accident occurs within which the care, treatment or service must begin, be performed by a physician, be received, be administered, or be provided, as applicable to the particular Accident – Medical Treatment and Services Benefit, is 365 days.

- Therapy Services Benefit and Physician Follow-Up Visit Benefit– the requirement that such service or treatment begin within a specified number of days after the accident occurs does not apply; however services must be provided within 365 days after the accident occurs.

- Surgery Benefits and Other Outpatient Surgery Benefit– the requirement that the covered person be treated by a physician within a specified number of days after the accident occurs does not apply; however surgery must be performed within 365 days after the accident occurs).

**The following information affects the Transportation Benefit:**

- The number of miles a covered person must travel one way for follow-up treatment of an injury is 50 miles.

- Follow-up treatment must not be available within 50 miles of the covered person's primary residence.

**The following information affects Hospital Admission Benefits:**

- The time period after the accident within which the hospital admission must occur is 365 days.

**The following information affects Hospital Confinement Benefits:**

- The time period after the accident within which the hospital confinement must begin is 365 days.

**The following information the Inpatient Rehabilitation Benefit:**

- The time period after the accident within which the inpatient rehabilitation facility stay must begin is 365 days.

**The following information affects exclusions:**

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |

| | | |
|---|---|---|
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750<br>More than one device: $1,500 | One device: $1,250<br>More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |

| | | |
|---|---|---|
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

We will not pay benefits for the covered person's injury due to voluntary use, by any means, of poison, gas or fumes.

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

- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- food poisoning;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Washington----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

**ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF WISCONSIN:**

**The following information affects claims requirements:**

- If notice of claim or proof is not given within the required time limits, the delay will not cause a claim to be denied or reduced if such notice and proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 12 months from the date such notice and proof are otherwise required to be filed.

- Benefits payable under the Certificate may be assigned, but not prior to a claim for benefits. Unless you have assigned this insurance, all benefits will be paid in accordance with the Payment of Benefits Certificate provision.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |

| | | |
|---|---|---|
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |

| | | |
|---|---|---|
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |
| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or
- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Wisconsin----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |

| | | |
|---|---|---|
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
| Other Outpatient Surgery Benefit | $300 | $400 |
| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| ICU Supplemental Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |

| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or

- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of West Virginia----------

**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**
**NEW YORK, NEW YORK**

**ACCIDENT-ONLY-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.**

**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 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) **Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) **Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

**You should retain a copy of this outline of coverage with your Certificate.**

**The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the**

**Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for accident-only insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

## Accident Insurance Benefits Summary

| **Accidental Injury Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Fracture Benefit* | $100 – $8,000 depending on the fracture and type of repair | $200 – $10,000 depending on the fracture and type of repair |
| Dislocation Benefit* | $100 – $8,000 depending on the dislocation and type of repair | $200 – $10,000 depending on the dislocation and type of repair |
| Second or Third Degree Burn Benefit | $75 – $12,500 depending on the degree of the burn and the percentage of burnt skin | $100 – $20,000 depending on the degree of the burn and the percentage of burnt skin |
| Concussion Benefit | $250 | $500 |
| Coma Benefit | $14,500 | $18,500 |
| Laceration Benefit | $50 – $400 depending on the length of the cut and type of repair | $75 – $750 depending on the length of the cut and type of repair |
| Broken Tooth Benefit | Crown: $300 Filling: $25 Extraction: $100 | Crown: $400 Filling: $50 Extraction: $150 |
| Eye Injury Benefit | $300 | $400 |
| **Accident - Medical Services & Treatment Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Ambulance Benefit | Ground: $300 Air: $1,250 | Ground: $400 Air: $2,000 |

| | | |
|---|---|---|
| Emergency Care Benefit | $75 – $200 depending on location of care | $100 – $250 depending on location of care |
| Non-Emergency Initial Care Benefit | $75 | $100 |
| Physician Follow-Up Visit Benefit | $75 | $100 |
| Therapy Services Benefit (including physical therapy) | $40 | $60 |
| Medical Testing Benefit | X-rays: $150<br>All other tests: $200 | X-rays: $200<br>All other tests: $300 |
| Medical Appliance Benefit | $75 – $750 depending on the appliance | $150 – $1,000 depending on the appliance |
| Transportation Benefit | $650 | $800 |
| Pain Management Benefit | $75 | $100 |
| Prosthetic Device Benefit | One device: $750 | One device: $1,250 |
| | More than one device: $1,500 | More than one device: $2,000 |
| Modification Benefit | $1,000 | $1,500 |
| Blood/Plasma/Platelets Benefit | $500 | $625 |
| Surgical Repair Benefit | $150 – $1,500 depending on the type of surgery | $200 – $2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | $150 | $200 |
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| **Hospital Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| ICU Supplemental Admission Benefit | $1,125 for the day of admission | $1,750 for the day of admission |
| Confinement Benefit (paid for up to 365 days per accident) | $250 per day | $300 per day |
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| Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year) | $150 per day | $200 per day |

| **Accidental Death Benefit** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---|---|---|
| Accidental Death Benefit* | $30,000<br>$75,000 for accidental death on common carrier* | $50,000<br>$150,000 for accidental death on common carrier* |
| **Accidental Dismemberment, Functional Loss & Paralysis Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Dismemberment/Functional Loss | $750 – $20,000 depending on the injury | $1,000 – $40,000 depending on the injury |
| Paralysis | $13,500 – $20,000 depending on the number of limbs | $18,000 – $40,000 depending on the number of limbs |
| **Other Benefits** | **Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | **High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | $50<br>Paid 1 time per calendar year | $50<br>Paid 1 time per calendar year |
| Child Care Benefit – for care at a child care center while hospitalized | $20 per day | $30 per day |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | $150 per day | $200 per day |

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- Accidental Death Benefit - 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.
- Health Screening Benefit – Referred to as the "Accident Prevention Screening Benefit" in some states.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

**Organized Sports Activity Injury Benefit Rider**

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

**4) Exclusions and limitations:**

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - 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
  - poison, gas, or fumes;
- 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 engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this Certificate;
- 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's performance of professional aviation duties for wage or profit;
- 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; or

- 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid 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.

7) **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.

8) **Premiums.** 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.

----------End of Wyoming----------