



## 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: **J. Crew.**

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 the box below that shows the name of your state of residence:

OR

- If you do not reside in one of the above listed states, click on the box below that shows the name of the **GROUP POLICY ISSUANCE STATE. The GROUP POLICY ISSUANCE STATE is: Virginia**

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

Please contact MetLife at 1-800-GET-MET8 if you have any questions about this important coverage.



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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

<b>Medical Appliance Benefit Limit:</b>	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000

<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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<b>Inpatient Surgery Benefit:</b>	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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<b>ACCIDENT - HOSPITAL BENEFITS*</b>	<b>Benefit</b>
<b>Accident - Hospital Admission Benefit:</b>	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000
<b>Accident - Hospital Confinement Benefit:</b>	
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
<b>Inpatient Rehabilitation Benefit</b>	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

\* **Confinement** means the assignment to a bed as a resident inpatient in a hospital (including an intensive care unit of a hospital) on the advice of a physician or confinement in an observation area within a hospital for a period of no less than 20 continuous hours on the advice of a physician.

## OTHER BENEFITS

<b>Health Screening Benefit</b>	<b>\$50</b>
<b>Lodging Benefit</b>	\$200 per day, up to 31 days per calendar year

#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**





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

**Group Policy Form No: GPNP12-AX  
(Referred to as the "Group Policy")  
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**OUTLINE OF COVERAGE**

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

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Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300
<b>ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS</b>	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	the benefit will equal the maximum allowable rate established by the Connecticut Department of Public Health in accordance with section 19a-177 of the Connecticut General Statutes
<b>Ground Ambulance Benefit</b>	the benefit will equal the maximum allowable rate established by the Connecticut Department of Public Health in accordance with section 19a-177 of the Connecticut General Statutes
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

<b>Medical Appliance Benefit Limit:</b>	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000

<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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<b>Inpatient Surgery Benefit:</b>	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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<b>ACCIDENT - HOSPITAL BENEFITS</b>	<b>Benefit</b>
<b>Accident - Hospital Admission Benefit:</b>	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000
<b>Accident - Hospital Confinement Benefit:</b>	
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
<b>Inpatient Rehabilitation Benefit</b>	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

#### OTHER BENEFITS

<b>Lodging Benefit</b>	\$200 per day, up to 31 days per calendar year
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the Covered Person's physician for the Covered Person;
- 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;

- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

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

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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



**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

<b>Medical Appliance Benefit Limit:</b>	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000

<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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<b>Inpatient Surgery Benefit:</b>	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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<b>ACCIDENT - HOSPITAL BENEFITS</b>	<b>Benefit</b>
<b>Accident - Hospital Admission Benefit:</b>	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000
<b>Accident - Hospital Confinement Benefit:</b>	
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
<b>Inpatient Rehabilitation Benefit</b>	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

<b>OTHER BENEFITS</b>	
<b>Health Screening Benefit</b>	<b>\$50</b>
<b>Lodging Benefit</b>	\$200 per day, up to 31 days per calendar year

#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit



<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

**Medical Appliance Benefit Limit:**

Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
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<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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**Inpatient Surgery Benefit:**

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

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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**ACCIDENT - HOSPITAL BENEFITS**

**Benefit**

**Accident - Hospital Admission Benefit:**

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

**Accident - Hospital Confinement Benefit:**

Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
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Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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**Inpatient Rehabilitation Benefit**

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

**OTHER BENEFITS**

<b>Health Screening Benefit</b>	<b>\$50</b>
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<b>Lodging Benefit</b>	<b>\$200 per day, up to 31 days per calendar year</b>
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**Group Policy Form No: GPNP12-AX-fp, et al  
(Referred to as the "Group Policy")**

**Certificate Form No: GCERT12-AX-fp, et al  
(Referred to as the "Certificate")**

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500



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

<b>Medical Appliance Benefit Limit:</b>	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000

<b>Blood/Plasma/Platelets Benefit</b>	\$400
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<b>Inpatient Surgery Benefit:</b>	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

<b>Outpatient Ambulatory Surgery Benefit</b>	\$300
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#### **ACCIDENT - HOSPITAL BENEFITS**

<b>Accident - Hospital Admission Benefit:</b>	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000

<b>Accident - Hospital Confinement Benefit:</b>	
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident

Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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<b>Inpatient Rehabilitation Benefit</b>	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
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#### **OTHER BENEFITS**

<b>Health Screening Benefit</b>	\$50
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<b>Lodging Benefit</b>	\$200 per day, up to 31 days per calendar year
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

We will not pay benefits for any loss for a Covered Person caused 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 or riot;
- the Covered Person's participation in a felony;
  - the Covered Person's alcoholism or drug addiction;
- 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 the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental or emotional disorders or treatment of such mental or emotional disorders, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- if acting in a professional capacity, 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;
- if acting in a professional capacity, the Covered Person hang gliding, para-kiting, or sail-gliding.

In addition, we will not pay benefits for:

- any of the following outside of the United States, Canada or Mexico:
  - medical treatment;
  - hospital admission or confinement; or
  - inpatient stay in a rehabilitation facility.

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

**Medical Appliance Benefit Limit:**

Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
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<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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**Inpatient Surgery Benefit:**

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

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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**ACCIDENT - HOSPITAL BENEFITS**

**Benefit**

**Accident - Hospital Admission Benefit:**

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

**Accident - Hospital Confinement Benefit:**

Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
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Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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**Inpatient Rehabilitation Benefit**

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

**OTHER BENEFITS**

<b>Health Screening Benefit</b>	<b>\$50</b>
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<b>Lodging Benefit</b>	<b>\$200 per day, up to 31 days per calendar year</b>
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

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

- 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving 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;

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

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

**This is the end of the Outline of Coverage that applies to you.**



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

**Group Policy Form No: GPNP12-AX  
(Referred to as the "Group Policy")  
Certificate Form No: GCERT12-AX-3  
(Referred to as the "Certificate")**

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

**Medical Appliance Benefit Limit:**

Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
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<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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**Inpatient Surgery Benefit:**

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

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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**ACCIDENT - HOSPITAL BENEFITS**

**Benefit**

**Accident - Hospital Admission Benefit:**

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

**Accident - Hospital Confinement Benefit:**

Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
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Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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**Inpatient Rehabilitation Benefit**

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

**OTHER BENEFITS**

<b>Health Screening Benefit</b>	<b>\$50</b>
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<b>Lodging Benefit</b>	<b>\$200 per day, up to 31 days per calendar year</b>
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;



- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



METROPOLITAN LIFE INSURANCE COMPANY  
NEW YORK, NEW YORK

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

#### GROUP ACCIDENT INSURANCE

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

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

#### OUTLINE OF COVERAGE

**IMPORTANT CANCELLATION INFORMATION - See the When Insurance Ends section of this Outline.**

##### 1) READ YOUR CERTIFICATE CAREFULLY

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

##### 2) ACCIDENT INSURANCE

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

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

##### 3) BENEFITS

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

**Medical Appliance Benefit Limit:**

Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
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<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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**Inpatient Surgery Benefit:**

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

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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**ACCIDENT - HOSPITAL BENEFITS**

**Benefit**

**Accident - Hospital Admission Benefit:**

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

**Accident - Hospital Confinement Benefit:**

Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
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Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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**Inpatient Rehabilitation Benefit**

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

**OTHER BENEFITS**

<b>Health Screening Benefit</b>	<b>\$50</b>
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<b>Lodging Benefit</b>	<b>\$200 per day, up to 31 days per calendar year</b>
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - 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;
- 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the grace period following the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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



**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT ONLY INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT ONLY INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit</b>	\$750

**Laceration Benefit:**

Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400

<b>Torn Tendon / Ligament / Rotator Cuff Benefit:</b>	\$800
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**Broken Tooth Benefit:**

Crown	\$200
Extraction	\$100
Filling	\$50

<b>Eye Injury Benefit</b>	\$300
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**ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

<b>Medical Appliance Benefit Limit:</b>	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000

<b>Transfusion Benefit</b>	<b>\$400</b>
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<b>Inpatient Surgery Benefit:</b>	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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<b>ACCIDENT - HOSPITAL BENEFITS</b>	<b>Benefit</b>
<b>Accident - Hospital Admission Benefit:</b>	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000
<b>Accident - Hospital Confinement Benefit:</b>	
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
<b>Inpatient Rehabilitation Benefit</b>	\$200 per day, up to 31 days per Covered Person per Accident but not to exceed 31 days per calendar year

## OTHER BENEFITS

<b>Lodging Benefit</b>	\$200 per day, up to 31 days per calendar year
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis, 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.

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

- the Covered Person's voluntary use, by any means, of:
  - 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;
- 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 the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis, care, or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**





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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The coverage includes benefits for hospitalization in the form of a fixed daily benefit for treatment of: Injuries resulting from an Accident; or Sickness, subject to any limitations contained in the Certificate.

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

**Medical Appliance Benefit Limit:**

Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
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<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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**Inpatient Surgery Benefit:**

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

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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**ACCIDENT - HOSPITAL BENEFITS**

**Benefit**

**Accident - Hospital Admission Benefit:**

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

**Accident - Hospital Confinement Benefit:**

Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
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Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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**Inpatient Rehabilitation Benefit**

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

**OTHER BENEFITS**

<b>Health Screening Benefit</b>	<b>\$50</b>
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<b>Lodging Benefit</b>	<b>\$200 per day, up to 31 days per calendar year</b>
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason other than your retirement.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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



**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

**Medical Appliance Benefit Limit:**

Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
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<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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**Inpatient Surgery Benefit:**

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

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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**ACCIDENT - HOSPITAL BENEFITS**

**Benefit**

**Accident - Hospital Admission Benefit:**

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

**Accident - Hospital Confinement Benefit:**

Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
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Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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**Inpatient Rehabilitation Benefit**

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

**OTHER BENEFITS**

<b>Health Screening Benefit</b>	<b>\$50</b>
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<b>Lodging Benefit</b>	<b>\$200 per day, up to 31 days per calendar year</b>
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;

- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit



<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

<b>Medical Appliance Benefit Limit:</b>	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000

<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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<b>Inpatient Surgery Benefit:</b>	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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<b>ACCIDENT - HOSPITAL BENEFITS</b>	<b>Benefit</b>
<b>Accident - Hospital Admission Benefit:</b>	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000
<b>Accident - Hospital Confinement Benefit:</b>	
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
<b>Inpatient Rehabilitation Benefit</b>	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

<b>OTHER BENEFITS</b>	
<b>Health Screening Benefit</b>	<b>\$50</b>
<b>Lodging Benefit</b>	\$200 per day, up to 31 days per calendar year

#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT INSURANCE**

**THE CERTIFICATE PROVIDES LIMITED INDEMNITY BENEFITS:  
THE CERTIFICATE PROVIDES BENEFITS FOR  
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY  
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL  
EXPENSES INCURRED. THIS INSURANCE IS NOT DESIGNED TO COVER THE COST OF SERIOUS OR  
CHRONIC ILLNESS. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE  
WHEN YOU ENROLL FOR THIS INSURANCE.**

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500



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

**Medical Appliance Benefit Limit:**

Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
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<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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**Inpatient Surgery Benefit:**

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

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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**ACCIDENT - HOSPITAL BENEFITS**

**Benefit**

**Accident - Hospital Admission Benefit:**

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

**Accident - Hospital Confinement Benefit:**

Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
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Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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**Inpatient Rehabilitation Benefit**

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

**OTHER BENEFITS**

<b>Health Screening Benefit</b>	<b>\$50</b>
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<b>Lodging Benefit</b>	<b>\$200 per day, up to 31 days per calendar year</b>
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's 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;
- 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 the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test; 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, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

<b>Medical Appliance Benefit Limit:</b>	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000

<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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<b>Inpatient Surgery Benefit:</b>	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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#### **ACCIDENT - HOSPITAL BENEFITS**

<b>Accident - Hospital Admission Benefit:</b>	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000

<b>Accident - Hospital Confinement Benefit:</b>	
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
<b>Inpatient Rehabilitation Benefit</b>	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

#### **OTHER BENEFITS**

<b>Health Screening Benefit</b>	<b>\$50</b>
<b>Lodging Benefit</b>	\$200 per day, up to 31 days per calendar year



#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - 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 voluntary 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

**Medical Appliance Benefit Limit:**

Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
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<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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**Inpatient Surgery Benefit:**

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

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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**ACCIDENT - HOSPITAL BENEFITS**

**Benefit**

**Accident - Hospital Admission Benefit:**

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

**Accident - Hospital Confinement Benefit:**

Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
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Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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**Inpatient Rehabilitation Benefit**

\$200 per day, up to 31 days per Covered  
Person per Accident but not to exceed  
31 days per calendar year

**OTHER BENEFITS**

<b>Health Screening Benefit</b>	<b>\$50</b>
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<b>Lodging Benefit</b>	<b>\$200 per day, up to 31 days per calendar year</b>
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#### 4) DEFINITIONS

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

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - 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;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;



- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE PROVIDES LIMITED BENEFITS:  
THE CERTIFICATE PROVIDES BENEFITS FOR  
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY  
IN A HOSPITAL.**

**BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL  
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE  
WHEN YOU ENROLL FOR THIS INSURANCE.**

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**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 group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which You have coverage will control. The 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 with respect to the coverage. It is, therefore, important that You **READ YOUR CERTIFICATE CAREFULLY!**

The benefits under this policy are summarized below:

**2) ACCIDENT INSURANCE**

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

The Certificate does not provide for reimbursement of any medical expenses. This coverage is designed to pay You a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage You may have.

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

**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 terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this disclosure statement. Your eligible dependents must be enrolled under the Group Policy to be insured. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

<b>Medical Appliance Benefit Limit:</b>	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000

<b>Blood/Plasma/Platelets Benefit</b>	<b>\$400</b>
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<b>Inpatient Surgery Benefit:</b>	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

<b>Outpatient Ambulatory Surgery Benefit</b>	<b>\$300</b>
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<b>ACCIDENT - HOSPITAL BENEFITS</b>	<b>Benefit</b>
<b>Accident - Hospital Admission Benefit:</b>	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000
<b>Accident - Hospital Confinement Benefit:</b>	
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
<b>Inpatient Rehabilitation Benefit</b>	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

<b>OTHER BENEFITS</b>	
<b>Health Screening Benefit</b>	<b>\$50</b>
<b>Lodging Benefit</b>	\$200 per day, up to 31 days per calendar year

#### 4) DEFINITIONS

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

- is unforeseen;
- results in an Injury;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

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

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

We will not pay benefits for the Covered Person's Injury due to voluntary use, by any means, of poison, gas or fumes.

We will not pay 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;
- 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 the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;



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

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

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

**GROUP ACCIDENT INSURANCE**

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

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The coverage includes benefits for hospitalization in the form of a fixed daily benefit for treatment of: Injuries resulting from an Accident subject to any limitations contained in the Certificate.

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

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

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

**ACCIDENTAL INJURY BENEFITS:****Fracture Benefit\*:**

	<b>Benefit for Closed Reduction</b>	<b>Benefit for Open Reduction</b>
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,750	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

**Dislocation Benefit:****Full Dislocation Benefit\*:**

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

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

**Burn Benefit:****Percentage of total surface skin area that is burnt**

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

**Skin Graft Benefit:**

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

**Benefit**

50% of the applicable Burn Benefit

<b>Concussion Benefit</b>	<b>Benefit</b> \$400
<b>Coma Benefit</b>	\$10,000
<b>Ruptured Disc with Surgical Repair Benefit</b>	\$1,000
<b>Torn Cartilage in Knee Benefit:</b>	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
<b>Laceration Benefit:</b>	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
<b>Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:</b>	
Surgical repair: one tendon/ligament/rotator cuff	\$800
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
<b>Broken Tooth Benefit:</b>	
Crown	\$200
Extraction	\$100
Filling	\$50
<b>Eye Injury Benefit</b>	\$300

#### **ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS**

	<b>Benefit</b>
<b>Air Ambulance Benefit</b>	\$1,500
<b>Ground Ambulance Benefit</b>	\$400
<b>Emergency Care Benefit:</b>	
Emergency Room	\$50
Physician's Office	\$50
Urgent Care	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$50
<b>Medical Testing Benefit</b>	\$200
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Transportation Benefit</b>	\$400
<b>Therapy Services Benefit:</b>	<b>Benefit</b>
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
<b>Pain Management Benefit (for Epidural Anesthesia)</b>	\$100
<b>Prosthetic Device Benefit:</b>	
One device only	\$750
More than one device	\$1,500

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

**Medical Appliance Benefit Limit:**

Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
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<b>Blood/Plasma/Platelets Benefit</b>	\$400
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**Inpatient Surgery Benefit:**

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

<b>Outpatient Ambulatory Surgery Benefit</b>	\$300
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**ACCIDENT - HOSPITAL BENEFITS**

**Benefit**

**Accident - Hospital Admission Benefit:**

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

**Accident - Hospital Confinement Benefit:**

Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
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Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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**Inpatient Rehabilitation Benefit**

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

**OTHER BENEFITS**

<b>Health Screening Benefit</b>	\$50
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<b>Lodging Benefit</b>	\$200 per day, up to 31 days per calendar year
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#### 4) DEFINITIONS

**Accident** means an act or event:

- the result of which is unforeseen;
- that is definite as to time and place;
- that is not a Sickness; and
- that occurs while insurance is in effect.

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

- the Covered Person's voluntary 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;
- 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 is above the legal limit (the insured's blood alcohol level met or exceeded .08%); and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;

- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

## **6) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

## **7) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **8) 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.

## **9) PREMIUM**

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



**This is the end of the Outline of Coverage that applies to you.**