



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

ACCIDENT-ONLY COVERAGE

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

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

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully - This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!
2) Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
3) Benefits: The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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

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

Accident Insurance Benefits Summary

Table with 2 columns: Benefit Name and Amount. Rows include Fracture Benefit, Dislocation Benefit, Concussion Benefit, Laceration Benefit, Broken Tooth Benefit, Eye Injury Benefit, Accident - Medical Services & Treatment, and Ambulance Benefit.

Emergency Care Benefit	\$75-\$250 depending on location of care
Physician Follow-Up Visit Benefit	\$120
Therapy Services Benefit (including	\$35-\$40 depending on the type of service
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$75-\$750 depending on the appliance
Transportation Benefit	\$300
Pain Management Benefit (for epidural	\$75
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150-\$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$150
Other Outpatient Surgery Benefit	\$300
<b>Hospital Benefits</b>	
Admission Benefit	\$2,000 for the day of admission
Confinement Benefit (paid for up to 15 days per accident)	\$300 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	\$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$150 per day
<b>Accidental Dismemberment, Functional Loss &amp; Paralysis Benefits*</b>	
Functional Loss for Coma Benefit	\$7,500
Functional Loss for Burn Benefit	\$75-\$10,000 depending on the degree of the burn and the percentage of burnt skin
Dismemberment/Functional Loss	\$750-\$20,000 depending on the injury
Paralysis	\$10,000-\$20,000 depending on the number of limbs
<b>Other Benefits</b>	
Lodging Benefit <sup>4</sup> - for a companion of a covered person who is hospitalized	\$100 per day

<sup>1</sup> Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

<sup>2</sup> Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

<sup>3</sup> The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.

<sup>4</sup> The lodging must be at least 50 miles from insured's primary residence.

#### **4) Exclusions and limitations:**

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

- the covered person's being under the influence of any:
  - narcotic, unless:
    - administered on the advice of a physician;
    - the covered person being intoxicated;
- suicide, attempted suicide or the covered person's intentionally self-inflicted injury;
- war or act of war, (whether declared or undeclared); the covered person's participation in a felony, riot or insurrection;
- the covered person's engagement in an illegal occupation;
- cosmetic Surgery, except when such surgery is performed to:
  - reconstruct a part of the body which was disfigured or removed as a result of an injury ;
  - the covered person's mental or emotional disorder, alcoholism or drug addiction :
- the covered person's service in the armed forces or any auxiliary unit of the armed forces;
- aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline; or
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- In addition, the Certificate does not provide benefits for services or treatment received outside of the United States, Canada or Mexico.

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

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

**7) Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

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