MetLife[®]

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: Inframark.**

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: Alaska, Arkansas, Connecticut, Delaware, Idaho, Louisiana, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, or Wyoming.

OR

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$1,000 \$100 \$100 \$1,000 \$150
ACCIDENT - HOSPITAL BENEFITS* Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	Benefit \$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 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

Lodging Benefit

\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla) Skull fracture – depressed (except bones of face or nose) Skull fracture – non-depressed (except bones of face or nose) Lower Jaw, Mandible (except alveolar process) Upper Jaw, Maxilla (except alveolar process) Upper Arm between Elbow and Shoulder (humerus) Shoulder Blade (scapula), Collarbone (clavicle, sternum) Forearm (radius and/or ulna), Hand, Wrist (except fingers) Rib Finger, Toe Vertebrae, Body of (excluding vertebral processes) Vertebral Processes Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) Hip, Thigh (femur) Coccyx	Closed Reduction \$1,000 \$3,000 \$2,000 \$500 \$1,000 \$1,000 \$500 \$500 \$500 \$500 \$500 \$500 \$2,000 \$2,000 \$2,000 \$3,000 \$500	Open Reduction \$2,000 \$6,000 \$4,000 \$1,000 \$2,000 \$2,000 \$1,000 \$1,000 \$1,000 \$1,000 \$4,000 \$4,000 \$4,000 \$4,000 \$4,000 \$1,000 \$4,000 \$1,000 \$4,000 \$1,000 \$0,000 \$1,000 \$0,000 \$1,000 \$0,000 \$1,000 \$0,000 \$1,000 \$0,000 \$1,000 \$0,000 \$1,000
Leg (tibia and/or fibula) Kneecap (patella) Ankle Foot (except toes)	\$2,000 \$500 \$500 \$500	\$4,000 \$1,000 \$1,000 \$1,000

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

GOC12-AX

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) Total of all lacerations is over six inches (over 15.24 cm) long) long \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	f Benefit: \$750 \$1,000 \$150
Broken Tooth Benefit:	* ~~~
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFIT	S Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFIT	-
	Benefit
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	Benefit \$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	Benefit \$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	Benefit \$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	Benefit \$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	Benefit \$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Physical therapy Respiratory therapy Speech therapy	Benefit \$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit:	Benefit
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
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit:	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS*	Benefit
Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$200 per day, up to 31 days per
	Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per
	Covered Person per Accident
Inpatient Rehabilitation Benefit	\$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	

to а 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

Lodging Benefit

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

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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")

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

3) **BENEFITS**

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Ben	efit:
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$100
	\$100
Broken Tooth Benefit: Crown	\$100
Extraction	\$50
Filling	\$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	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
Ground Ambulance Benefit	
Ground Ambulance Benefit Emergency Care Benefit:	Connecticut General Statutes 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 the benefit will equal the maximum allowable rate established by the Connecticut Department of Public Health in accordance with section 19a-177 of the
Emergency Care Benefit: Emergency Room Physician's Office	Connecticut General Statutes 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 \$50 \$25
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	Connecticut General Statutes 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 \$50 \$25 \$25
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	Connecticut General Statutes 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 \$50 \$25 \$25 \$25 \$25 \$25
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	Connecticut General Statutes 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 \$50 \$25 \$25 \$25

Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000
Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$50
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$1,000 \$100 \$100 \$1,000 \$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$100 per day, up to 31 days per Covered Person per Accident \$200 per day, up to 31 days per
Inpatient Rehabilitation Benefit	Covered Person per Accident \$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	efit: \$750 \$1,000 \$150
Broken Tooth Benefit:	
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	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
Ground Ambulance Benefit	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
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$75
Transportation Benefit	\$400

Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit: One device only More than one device	\$750 \$1,500
Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$2,000 \$200 \$200 \$2,000 \$300
Sulpatient Ambulatory Surgery Benefit	4000
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

Termination of 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.

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Di

Benefit for	Benefit for
Closed Reduction	Open Reduction
\$250	\$500
\$500	\$1,000
\$250	\$500
\$250	\$500
\$250	\$500
\$250	\$500
\$250	\$500
\$250	\$500
\$1,500	\$3,000
\$1,000	\$2,000
\$500	\$1,000
\$50	\$100
	\$250 \$500 \$250 \$250 \$250 \$250 \$250 \$250

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

Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
\$50	\$500
\$100	\$1,000
\$250	\$2,500
\$500	\$5,000
	2 nd Degree Burn \$50 \$100 \$250

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
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) Forearm (radius and/or ulna), Hand, Wrist (except fingers) Rib	\$500 \$500 \$500	\$1,000 \$1,000 \$1,000 \$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,000	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

Dislocation Benefit: F

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

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

Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
\$100	\$1,000
\$200	\$2,000
\$500	\$5,000
\$1,000	\$10,000
	2 nd Degree Burn \$100 \$200 \$500

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

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

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$100 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

	D
Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Ben	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	* (* *
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
ACCIDENT - MEDICAE INLATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	Benefit \$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$750 \$200 \$50 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15

 Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, 	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$50
per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

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

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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

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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

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2) ACCIDENT INSURANCE

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

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

3) **BENEFITS**

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

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

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

LOW PLAN

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

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

	D
Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$750
Air Ambulance Benefit	\$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$25 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
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) Lower Jaw, Mandible (except alveolar process)	\$2,000 \$500 \$1,000	\$4,000 \$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) Hip, Thigh (femur)	\$2,000 \$2,000 \$3,000	\$1,000 \$4,000 \$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long	\$50 \$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	\$ 200
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT MEDICAL TREATMENT AND CEDVICES DENEETS	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room	\$1,000 \$300 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000 \$300
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

We will not pay benefits for any loss for a Covered Person caused 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) LIMITATIONS Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Di

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

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

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Di

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bend	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	¢000
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000 \$150
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
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) Rib Finger, Toe Vertebrae, Body of (excluding vertebral processes) Vertebral Processes Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) Hip, Thigh (femur) Coccyx Leg (tibia and/or fibula) Kneecap (patella)	\$500 \$500 \$100 \$2,000 \$500 \$2,000 \$3,000 \$500 \$2,000 \$500 \$500	\$1,000 \$1,000 \$200 \$4,000 \$1,000 \$4,000 \$6,000 \$1,000 \$4,000 \$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: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	* ~~~
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility Medical Appliance Benefit Limit:	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

GOC12-AX

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$50
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

IF YOU SELECT THE HIGH PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long	\$50 \$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	* 000
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room Physician's Office	\$100 \$50
Urgent Care	\$50 \$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$75
Transportation Benefit	\$400
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy	Benefit \$25 \$25
Respiratory therapy Speech therapy Vocational therapy	\$25 \$25 \$25 \$25
Respiratory therapy Speech therapy	\$25 \$25
Respiratory therapy Speech therapy Vocational therapy	\$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the 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.

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Dislocation Benef

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

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

Burn Benefit:	Benefit for	Benefit for
Percentage of total surface skin area that is burnt	2 nd Degree Burn	3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35% 35% or more	\$250 \$500	\$2,500 \$5,000

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Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit	\$500
Laceration Benefit: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn Tendon / Ligament / Rotator Cuff Benefit	\$500
Broken Tooth Benefit:	
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL CARE AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$50
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Transfusion Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 31 days per Covered Person per Accident but not to exceed 31 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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

	Benefit
Concussion Benefit	\$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit:	\$750
Laceration Benefit: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn Tendon / Ligament / Rotator Cuff Benefit:	\$750
Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL CARE AND SERVICES BENEFITS	
	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$75
Transportation Benefit	\$400
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit: One device only More than one device	\$750 \$1,500

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Transfusion Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

You have a choice of selecting coverage under one of the plans listed below. A schedule of the benefit amounts for each plan is shown.

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,5000
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

Benefit

Concussion Benefit	\$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500 \$100
Exploratory Surgery without repair	\$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	efit:
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$100
Broken Tooth Benefit:	φ100
Crown	\$100
Extraction	\$50
Filling	\$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
	Benefit
	Denenit
Air Ambulance Benefit	\$750
Air Ambulance Benefit Ground Ambulance Benefit	
	\$750
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room	\$750 \$200 \$50
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50 \$25 \$25 \$25
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$25 \$25 \$100
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy Vocational therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy Pain Management Benefit (for Epidural Anesthesia) Prosthetic Device Benefit:	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy Vocational therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$1,000 \$100 \$100 \$1,000 \$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Dislocation Bene

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

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

Burn Benefit:	Benefit for	Benefit for
Percentage of total surface skin area that is burnt	2 nd Degree Burn	3 rd Degree Burn
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 nd or 3 rd degree burn	Benefit 50% of the applicable Burn Benefit	e

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

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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) LIMITATIONS

Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness Hospital Benefits provisions.

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

7) WHEN INSURANCE ENDS Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$50
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Di

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

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

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Di

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

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

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$100 \$100 \$100 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Ben	efit [.]
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	¢400
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit \$750
Air Ambulance Benefit	\$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$100 \$250 \$50 \$100 \$50 \$100 \$500 \$500 \$50
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

IF YOU SELECT THE HIGH PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	sfit.
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	*•••
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
	¢100
Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Physician's Office Urgent Care	\$50
Physician's Office	\$50 \$50
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$50 \$50
Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$50 \$50 \$50 \$200
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$50 \$50 \$50 \$200 \$75
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
- the Covered Person's 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$1,000 \$100 \$100 \$1,000 \$150
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit:	Benefit
Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

BENEFITS WILL BE REDUCED AT CERTAIN AGES. SEE THE LIMITATIONS SECTION OF THIS OUTLINE OF COVERAGE FOR DETAILS.

HIGH PLAN

IF YOU SELECT THE HIGH PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla) Skull fracture – depressed (except bones of face or nose) Skull fracture – non-depressed (except bones of face or nose) Lower Jaw, Mandible (except alveolar process) Upper Jaw, Maxilla (except alveolar process) Upper Arm between Elbow and Shoulder (humerus) Shoulder Blade (scapula), Collarbone (clavicle, sternum) Forearm (radius and/or ulna), Hand, Wrist (except fingers) Rib	\$1,000 \$3,000 \$2,000 \$500 \$1,000 \$1,000 \$500 \$500 \$500 \$500	\$2,000 \$6,000 \$4,000 \$1,000 \$2,000 \$2,000 \$1,000 \$1,000 \$1,000
Finger, Toe Finger, Toe Vertebrae, Body of (excluding vertebral processes) Vertebral Processes Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) Hip, Thigh (femur) Coccyx Leg (tibia and/or fibula) Kneecap (patella) Ankle Foot (except toes)	\$300 \$100 \$2,000 \$500 \$3,000 \$500 \$500 \$500 \$500 \$500 \$500 \$500	\$1,000 \$200 \$1,000 \$4,000 \$6,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bend	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	¢000
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

BENEFITS WILL BE REDUCED AT CERTAIN AGES. SEE THE LIMITATIONS SECTION OF THIS OUTLINE OF COVERAGE FOR DETAILS.

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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit·
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 31 days per Covered Person per Accident but not to exceed 31 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Di

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bend	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	¢000
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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

MetLife

METROPOLITAN LIFE INSURANCE COMPANY 200 PARK AVENUE NEW YORK, NEW YORK 10166-0188

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long	\$50 \$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	e fit: \$750 \$1,000 \$150
Broken Tooth Benefit:	
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

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

In addition, we will not pay benefits for:

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

6) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

	Ponofit	
Concussion Benefit	Benefit \$200	
Coma Benefit	\$5,000	
Ruptured Disc with Surgical Repair Benefit	\$500	
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100	
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25	
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200	
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:		
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100	
Broken Tooth Benefit:	¢400	
Crown Extraction Filling	\$100 \$50 \$25	
Eye Injury Benefit	\$200	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit	
Air Ambulance Benefit	\$750	
Ground Ambulance Benefit	\$200	
Emergency Care Benefit:		
Emergency Room Physician's Office	\$50 \$25	
Urgent Care	\$25 \$25	
Non-Emergency Initial Care Benefit	\$25	
Medical Testing Benefit	\$100	
Physician Follow-Up Visit Benefit	\$50	
Transportation Benefit	\$200	
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15	
Pain Management Benefit (for Epidural Anesthesia)	\$50	
Prosthetic Device Benefit:		
One device only More than one device	\$500 \$1,000	

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility Medical Appliance Benefit Limit:	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$50
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year.
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

Fracture Benefit*: Benefit for Benefit for **Closed Reduction Open Reduction** 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 \$1,000 Forearm (radius and/or ulna), Hand, Wrist (except fingers) \$500 \$500 \$1,000 Rib 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 \$3,000 Hip, Thigh (femur) \$6,000 Coccvx \$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 Benef

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50 \$100
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs	e fit: \$750 \$1,000
Exploratory Surgery without repair	\$150
Broken Tooth Benefit: Crown	\$200
Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$100 \$50
	\$100 \$50 \$50
Emergency Room Physician's Office Urgent Care	\$50
Emergency Room Physician's Office	\$50 \$50
Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$50 \$50 \$50
Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$50 \$50 \$200
Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$50 \$50 \$50 \$200 \$75
Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

- is unforeseen, unexpected and unanticipated;
- · is definite as to time and place; 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.

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
- the Covered Person's voluntary use, by any means, of poison, gas or fumes;
- the Covered Person's 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 infection, other than infection occurring in an external wound resulting from an Injury that results directly from an Accident;
- 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 that results directly from an Accident;
 - correct a disorder of normal bodily function or structure that was caused by an Injury that results directly from an Accident 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 that results directly from an Accident 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.

INTOXICANTS AND CONTROLLED SUBSTANCES

We shall not be liable for any loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.

ILLEGAL OCCUPATION OR COMMISSION OF A FELONY

We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the Covered Person whose Injury or Sickness is the basis of claim, or to which a contributing cause was such Covered Person's being engaged in an illegal occupation.

6) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

	D
Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$750
Air Ambulance Benefit	\$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$25 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use less than 1 year Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use less than 1 year Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$50
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$1,000 \$100 \$100 \$1,000 \$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	

Lodging Benefit

\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long	\$50 \$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	\$ 200
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT MEDICAL TREATMENT AND CEDVICES DENEETS	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room	\$1,000 \$300 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000 \$300
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$100 \$100 \$100 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Di

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

	D
Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Ben	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	* (* *
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
ACCIDENT - MEDICAE INLATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	Benefit \$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$750 \$200 \$50 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussio	on Benefit	Benefit \$400
Coma Ben	efit	\$10,000
Ruptured I	Disc with Surgical Repair Benefit	\$1,000
With surg	lage in Knee Benefit: gical repair ory Surgery without repair	\$750 \$150
Repaired	Benefit: without stitches with stitches: f all lacerations is less than two inches (5.08 cm) long	\$50 \$100
Total of	f all lacerations is two to six inches (5.08 to 15.24 cm) long f all lacerations is over six inches (over 15.24 cm) long	
Surgical r Surgical r	tured or Severed Tendon / Ligament / Rotator Cuff Bene repair: one tendon/ligament/rotator cuff repair: two or more tendons/ligaments/rotator cuffs ory Surgery without repair	e fit: \$750 \$1,000 \$150
	oth Benefit:	* ~~~
Crown Extractior Filling	n	\$200 \$100 \$50
Eye Injury	Benefit	\$300
ACCIDENT -	MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
	MEDICAL TREATMENT AND SERVICES BENEFITS ance Benefit	Benefit \$1,000
Air Ambula		
Air Ambula Ground Ar Emergency	ance Benefit nbulance Benefit y Care Benefit:	\$1,000
Air Ambula Ground Ar	ance Benefit mbulance Benefit y Care Benefit: cy Room n's Office	\$1,000
Air Ambula Ground Ar Emergency Emergen Physiciar Urgent Ca	ance Benefit mbulance Benefit y Care Benefit: cy Room n's Office	\$1,000 \$300 \$100 \$50
Air Ambula Ground Ar Emergenc Emergen Physiciar Urgent C	ance Benefit mbulance Benefit y Care Benefit: cy Room n's Office are	\$1,000 \$300 \$100 \$50 \$50
Air Ambula Ground Ar Emergency Emergen Physiciar Urgent Ca Non-Emerg Medical Te	ance Benefit mbulance Benefit y Care Benefit: cy Room n's Office are gency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambula Ground Ar Emergency Emergen Physiciar Urgent Ca Non-Emerg Medical Te Physician	ance Benefit mbulance Benefit y Care Benefit: cy Room n's Office are gency Initial Care Benefit esting Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambula Ground Ar Emergency Emergen Physiciar Urgent Ca Non-Emerg Medical Te Physician Transporta Therapy Se Cognitive Occupatio Physical Respirato Speech th	ance Benefit mbulance Benefit y Care Benefit: cy Room n's Office are gency Initial Care Benefit esting Benefit Follow-Up Visit Benefit ation Benefit ervices Benefit: e behavioral therapy onal therapy therapy bry therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75
Air Ambula Ground Ar Emergence Emergen Physiciar Urgent Ca Non-Emerg Medical Te Physician Transporta Therapy Se Cognitive Occupatio Physical Respirato Speech th	ance Benefit mbulance Benefit y Care Benefit: cy Room n's Office are gency Initial Care Benefit esting Benefit Follow-Up Visit Benefit ation Benefit ervices Benefit: e behavioral therapy onal therapy therapy bry therapy herapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambula Ground Ar Emergen Physiciar Urgent C Non-Emerg Medical Te Physician Transporta Therapy Se Cognitive Occupatio Physical Respirato Speech th Vocationa Pain Mana Prosthetic One device	ance Benefit mbulance Benefit y Care Benefit: cy Room n's Office are gency Initial Care Benefit esting Benefit Follow-Up Visit Benefit ation Benefit ervices Benefit: e behavioral therapy onal therapy therapy berapy al therapy gement Benefit (for Epidural Anesthesia) Device Benefit:	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

- is unforeseen;
- 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 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bend	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	¢000
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Di

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

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

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bend	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	¢000
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class;
- the date 31 days after the date Your employment ends for any reason other than a plant closing, or a partial
 plant closing (the terms "plant closing" and "partial plant closing" are defined by Massachusetts law); however,
 if during such 31 day period You become entitled to benefits under another policy that are similar to the benefits
 provided under the Certificate, insurance under the Certificate will end on the date You become entitled to such
 other benefits; or
- the date 90 days after the date Your employment ends due to a plant closing or a partial plant closing as defined by Massachusetts law; however, if during such 90 day period, You become entitled to benefits under another policy that are similar to the benefits provided under the Certificate, insurance under the Certificate will end on the date You become entitled to such other benefits.

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long	\$25 \$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	.
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$750
Air Ambulance Benefit Ground Ambulance Benefit	\$750
Air Ambulance Benefit	\$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$25 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100 \$50

Prosthetic Device Benefit:	\$500
One device only More than one device	\$500 \$1,000
Medical Appliance Benefit:	Benefit
Brace	\$50
Cane	\$50
Crutches	\$50
Walker – expected use less than 1 year	\$100
Walker – expected use 1 year or longer	\$250 \$50
Walking boot Wheel chair or motorized scooter – expected use less than 1 year	\$30 \$100
Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer	\$500
Other medical device used for mobility	\$50
Medical Appliance Benefit Limit:	
Limit for all Medical Appliances combined,	
per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit:	
Cranial Surgery	\$1,000
Exploratory Surgery	\$100
Hernia repair	\$100
Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000
Outpatient Ambulatory Surgery Benefit	\$150
CCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per
	Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per
	Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered
-	Person per Accident but not to exceed 3
	days per calendar year
THER BENEFITS	
THER BENEFITS Lodging Benefit	\$100 per day, up to 31 days per

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

Benefit for Closed Reduction	Benefit for Open Reduction	
	open neutonon	
\$500	\$1,000	
\$1,000	\$2,000	
\$500	\$1,000	
\$500	\$1,000	
\$500	\$1,000	
\$500	\$1,000	
\$500	\$1,000	
\$500	\$1,000	
\$3,000	\$6,000	
\$2,000	\$4,000	
\$1,000	\$2,000	
\$100	\$200	
	Closed Reduction \$500 \$1,000 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$1,000 \$1,000	

*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	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	e fit: \$750 \$1,000 \$150
Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	.
Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Physician's Office	\$50
Physician's Office Urgent Care	\$50 \$50
Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$50 \$50 \$50
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$50 \$50 \$200
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$50 \$50 \$50 \$200 \$75

Prosthetic Device Benefit:	
One device only More than one device	\$750 \$1,500
Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use less than 1 year Other medical device used for mobility	Benefit \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$200 \$100 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$2,000 \$200 \$200 \$2,000 \$300
Outputient Ambulatory outgery benefit	4000
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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 OR SICKNESS 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.

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

LOW PLAN

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

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

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

Dislocation Benefit: Full Dislocation Benef

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000
Skin Graft Benefit:	Benefit	

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair Exploratory Surgery without repair	\$500 \$100
	φ100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	efit: \$500 \$750 \$100
Broken Tooth Benefit:	
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
	•
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$750
Air Ambulance Benefit	\$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room	\$750 \$200 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$25 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Physical therapy Speech therapy Vocational therapy Prosthetic Device Benefit:	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility Medical Appliance Benefit Limit:	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$50
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

IF YOU SELECT THE HIGH PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

Benefit for	Benefit for
Closed Reduction	Open Reduction
\$1,000	\$2,000
\$2,000	\$6,000
\$2,000	\$6,000 \$4,000
\$500	\$1,000
\$1,000	\$2,000
\$1,000	\$2,000
\$500	\$1,000
\$500	\$1,000
\$500	\$1,000
\$100	\$200
\$2,000	\$4,000
\$500	\$1,000
\$2,000	\$4,000
\$3,000	\$6,000
\$500	\$1,000
\$2,000	\$4,000
\$500	\$1,000
\$500	\$1,000 \$1,000
	Closed Reduction \$1,000 \$3,000 \$2,000 \$500 \$1,000 \$1,000 \$500 \$500 \$500 \$500 \$500 \$500 \$2,000 \$2,000 \$500 \$2,000 \$3,000 \$500 \$2,000 \$500 \$2,000 \$500 \$2,000 \$500 \$2,000 \$500 \$2,000 \$500 \$2,000 \$500

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

Dislocation Benefit: Full Disl

Benefit for Closed Reduction	Benefit for Open Reduction	
\$500	\$1,000	
\$1,000	\$2,000	
\$500	\$1,000	
\$500	\$1,000	
\$500	\$1,000	
\$500	\$1,000	
\$500	\$1,000	
\$500	\$1,000	
\$3,000	\$6,000	
\$2,000	\$4,000	
\$1,000	\$2,000	
\$100	\$200	
	Closed Reduction \$500 \$1,000 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$1,000 \$1,000	

*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	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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:	Benefit	

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	e fit: \$750 \$1,000 \$150
Broken Tooth Benefit:	*
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$75
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy	\$25 \$25 \$25 \$25
Speech therapy Vocational therapy	\$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$2,000 \$200 \$200 \$2,000 \$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

4) **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);
- 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; 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:

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

6) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

	Denefit
Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$25 \$50 \$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	fit: \$500 \$750 \$100
Broken Tooth Benefit: Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50

Prosthetic Device Benefit:	\$F00
One device only More than one device	\$500 \$1,000
Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer	\$500
Other medical device used for mobility	\$50
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

IF YOU SELECT THE HIGH PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	e fit: \$750 \$1,000 \$150
Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	.
Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Physician's Office	\$50
Physician's Office Urgent Care	\$50 \$50
Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$50 \$50 \$50
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$50 \$50 \$200
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$50 \$50 \$50 \$200 \$75

Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500
Medical Appliance Benefit:	Benefit
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
-	4 100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined,	
per Covered Person, per Accident	\$1,000
per obvereu reison, per Acoucht	\$1,000
Blood/Plasma/Platelets Benefit	\$400
	ψ 1 00
Inpatient Surgery Benefit:	*0 000
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000
Accident - Hospital Confinement Benefit:	. ,
Non-ICU Hospital Confinement	\$200 per day, up to 31 days per
Non-100 Hospital Commentent	Covered Person per Accident
	Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per
	Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered
	Person per Accident but not to exceed 30
	days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per
	calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
 - poison, gas, or fumes;
- the Covered Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a physician;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's engagement in an illegal occupation;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;

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

In addition, we will not pay benefits for:

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

6) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

2 nd Degree Burn	Benefit for 3 rd Degree Burn
\$50	\$500
\$100	\$1,000
\$250	\$2,500
\$500	\$5,000
	\$50 \$100 \$250

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

	Denefit
Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$25 \$50 \$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	fit: \$500 \$750 \$100
Broken Tooth Benefit: Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50

Prosthetic Device Benefit:	\$500
One device only More than one device	\$1,000
Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

IF YOU SELECT THE HIGH PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: Full Die

Benefit for Closed Reduction	Benefit for Open Reduction
	open neutonon
\$500	\$1,000
\$1,000	\$2,000
\$500	\$1,000
\$500	\$1,000
\$500	\$1,000
\$500	\$1,000
\$500	\$1,000
\$500	\$1,000
\$3,000	\$6,000
\$2,000	\$4,000
\$1,000	\$2,000
\$100	\$200
	Closed Reduction \$500 \$1,000 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$1,000 \$1,000

*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	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$50 \$100 \$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	e fit: \$750 \$1,000 \$150
Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$75
Transportation Benefit	\$400
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Pain Management Benefit (for Epidural Anesthesia)	\$100

Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500
Medical Appliance Benefit:	Benefit
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
	¢100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined,	
per Covered Person, per Accident	\$1,000
per obvereu r'erson, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
	φ + 00
Inpatient Surgery Benefit:	* 2.222
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$200 per day, up to 31 days per
Non-noo noopital Commentent	Covered Person per Accident
	Covered r erson per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per
	Covered Person per Accident
Innotions Debabilitation Departs	\$200 per day, up to 15 days per Cayorod
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered
	Person per Accident but not to exceed 30
	days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per
	calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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 above exclusion applies only if the Covered Person is committing or attempting to commit a felony at the time of the Accident;

- 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;

the above exclusion applies only if the Covered Person is committing or attempting to commit a felony at the time of the Accident;

- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;

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

In addition, we will not pay benefits for:

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

6) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

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

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

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

Dislocation Benefit: Full Dislocation Benefit

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

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

Burn Benefit:	Benefit for	Benefit for
Percentage of total surface skin area that is burnt	2 nd Degree Burn	3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000
Skin Graft Benefit: Skin Graft for 2 nd or 3 rd degree burn	Benefit 50% of the applicable	e Burn Benefit

	D ()
	Benefit
Concussion Benefit	\$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long	\$25 \$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	fit: \$500 \$750 \$100
Broken Tooth Benefit: Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500 \$50
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$50 \$100 \$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	e fit: \$750 \$1,000 \$150
Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$75
Transportation Benefit	\$400
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Pain Management Benefit (for Epidural Anesthesia)	\$100

Prosthetic Device Benefit: One device only	\$750
More than one device	\$1,500
Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$200 \$1,000 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
- the Covered Person's voluntary use, by any means, of:
 - any intoxicant or narcotic, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
 - alcohol in combination with any narcotic;
- 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Ben	efit [.]
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	¢400
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Accident - Medical TREATMENT AND SERVICES BENEFITS	Benefit \$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$750 \$200 \$50 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility Medical Appliance Benefit Limit:	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$50
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

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HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
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) Lower Jaw, Mandible (except alveolar process)	\$2,000 \$500 \$1,000	\$4,000 \$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) Hip, Thigh (femur)	\$2,000 \$2,000 \$3,000	\$1,000 \$4,000 \$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

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Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long	\$50 \$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	efit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	\$ 200
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT MEDICAL TREATMENT AND CEDVICES DENEETS	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room	\$1,000 \$300 \$100
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000 \$300
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.
- We will not pay benefits for any loss for a Covered Person caused or contributed to by:
 - the Covered Person's voluntary use, by any means, of:
 - 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

	Denefit
Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$25 \$50 \$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	fit: \$500 \$750 \$100
Broken Tooth Benefit: Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50

Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000
Medical Appliance Benefit: Brace	\$ 1,000 Benefit \$50
Cane	\$50 \$50
Crutches	\$50
Walker – expected use less than 1 year	\$100
Walker – expected use 1 year or longer	\$250
Walking boot	\$50
Wheel chair or motorized scooter – expected use less than 1 year	\$100
Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	\$500 \$50
Medical Appliance Benefit Limit:	400
Limit for all Medical Appliances combined,	
per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit:	
Cranial Surgery	\$1,000
Exploratory Surgery	\$100
Hernia repair	\$100
Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000
Outpatient Ambulatory Surgery Benefit	\$150
CCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per
	Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per
	Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
THER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	e fit: \$750 \$1,000 \$150
Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	.
Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Physician's Office	\$50
Physician's Office Urgent Care	\$50 \$50
Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$50 \$50 \$50
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$50 \$50 \$200
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$50 \$50 \$50 \$200 \$75

Prosthetic Device Benefit: One device only	\$750
More than one device	\$1,500
Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$200 \$500 \$100 \$200 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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; or
 - alcohol in combination with any drug, medication, or sedative;
- the Covered Person's intentional ingestion of poison, or intentional inhalation of 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

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

LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY: **ACCIDENTAL INJURY BENEFITS:**

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit: Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$25
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit:	#100
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$1,000 \$100 \$100 \$1,000 \$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: F

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 2nd or 3rd degree burn

Benefit 50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches:	\$50
Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$100 \$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	sfit.
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
Broken Tooth Benefit:	*•••
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
	¢100
Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Physician's Office Urgent Care	\$50
Physician's Office	\$50 \$50
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$50 \$50
Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$50 \$50 \$50 \$200
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$50 \$50 \$50 \$200 \$75
Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$2,000 \$200 \$200 \$2,000 \$300
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	Benefit \$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 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);
- 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

You have a choice of selecting coverage under one of the plans listed below. A schedule of the benefit amounts for each plan is shown.

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Dislocation Benefit

Benefit for Closed Reduction	Benefit for Open Reduction
\$250	\$500
\$500	\$1,000
\$250	\$500
\$250	\$500
\$250	\$500
\$250	\$500
\$250	\$500
\$250	\$500
\$1,500	\$3,000
\$1,000	\$2,000
\$500	\$1,000
\$50	\$100
	Closed Reduction \$250 \$500 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$1,500 \$1,000 \$500

*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	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more	\$50 \$100 \$250 \$500	\$500 \$1,000 \$2,500 \$5,000
Skin Graft Benefit: Skin Graft for 2 nd or 3 rd degree burn50% of	Benefit of the applicable Burn B	enefit
Concussion Benefit	Benefit \$200	
Coma Benefit	\$5,000	
Ruptured Disc with Surgical Repair Benefit	\$500	
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100	
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$25 \$50 \$100 \$200	
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Ber Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	nefit: \$500 \$750 \$100	
Broken Tooth Benefit: Crown Extraction Filling Eye Injury Benefit	\$100 \$50 \$25 \$200	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit	
Air Ambulance Benefit	\$750	
Ground Ambulance Benefit	\$200	
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25	
Medical Testing Benefit	\$100	

Physician Follow-Up Visit Benefit\$50Transportation Benefit\$200

Therapy Services Benefit: Cognitive behavioral therapy		Benefit \$15
Occupational therapy		\$15
Physical therapy		\$15
Respiratory therapy		\$15
Speech therapy		\$15
Vocational therapy		\$15
Pain Management Benefit (for Epi	dural Anesthesia)	\$50
Prosthetic Device Benefit:		0500
One device only		\$500
More than one device		\$1,000
Medical Appliance Benefit:		Benefit
Brace		\$50
Cane		\$50
Crutches		\$50
Walker – expected use less than 1	5	\$100
Walker – expected use 1 year or le	onger	\$250
Walking boot		\$50
Wheel chair or motorized scooter		\$100
Wheel chair or motorized scooter		\$500
Other medical device used for mo	bility	\$50
Medical Appliance Benefit Limit:		
Limit for all Medical Appliances co		
per Covered Person, per Accident		\$500
Blood/Plasma/Platelets Benefit		\$300
Inpatient Surgery Benefit:		4000
Cranial Surgery		\$1,000
Exploratory Surgery		\$100
Hernia repair		\$100
Thoracic cavity or abdominal pelvi	c cavity Surgery	\$1,000
Outpatient Ambulatory Surgery B	enefit	\$150
ACCIDENT - HOSPITAL BENEFITS		Benefit
Accident - Hospital Admission Be	nefit:	
Non-ICU Hospital Admission		\$500
Intensive Care Unit Admission		\$1,000
Accident - Hospital Confinement	Benefit:	
Non-ICU Hospital Confinement		\$100 per day, up to 31 days per Covered
		Person per Accident
Intensive Care Unit Confinement		\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit		\$100 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS		
Lodging Benefit		\$100 per day, up to 31 days per calendar year
GOC12-AX	Page 5	WA

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Dislocation Benefit*:

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$100	\$1,000
At least 10% but less than 25%	\$200	\$2,000
At least 25% but less than 35% 35% or more	\$500 \$1,000	\$5,000 \$10,000
33% of more	φ1,000	\$10,000
Skin Graft Benefit: Skin Graft for 2 nd or 3 rd degree burn	Benefit 50% of the applicable Burn Benefit	
	Benefit	
Concussion Benefit	\$400	
Coma Benefit	\$10,000	
Ruptured Disc with Surgical Repair Benefit	\$1,000	
Torn Cartilage in Knee Benefit:		
With surgical repair	\$750	
Exploratory Surgery without repair	\$150	
Laceration Benefit:	ФЕО	
Repaired without stitches Repaired with stitches:	\$50	
Total of all lacerations is less than two inches (5.08 cm) long	\$100	
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$200	
Total of all lacerations is over six inches (over 15.24 cm) long	\$400	
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene		
Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750 \$1,000	
Exploratory Surgery without repair	\$150	
Broken Tooth Benefit:		
Crown	\$200	
Extraction	\$100	
Filling	\$50	
Eye Injury Benefit	\$300	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit	
Air Ambulance Benefit	\$1,000	
Ground Ambulance Benefit	\$300	
Emergency Care Benefit:	\$100	
Emergency Room Physician's Office	\$50	
Urgent Care	\$50	
Medical Testing Benefit	\$200	
Physician Follow-Up Visit Benefit	\$75	
Transportation Benefit	\$400	
	ψ.00	

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Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500
Medical Appliance Benefit:	Benefit
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
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit:	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
	\$2,000
Thoracic cavity or abdominal pelvic cavity Surgery	
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
	Denent
Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered
Non-100 Hospital Commentent	Person per Accident
	Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered
	Person per Accident
	•
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered
	Person, per Accident but not to exceed 30
	days per calendar year.
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar
	year
	y

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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

You have a choice of selecting coverage under one of the plans listed below. A schedule of the benefit amounts for each plan is shown.

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Dislocation Benef

Benefit for Closed Reduction	Benefit for Open Reduction
\$250	\$500
\$500	\$1,000
\$250	\$500
\$250	\$500
\$250	\$500
\$250	\$500
\$250	\$500
\$250	\$500
\$1,500	\$3,000
\$1,000	\$2,000
\$500	\$1,000
\$50	\$100
	Closed Reduction \$250 \$500 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$1,500 \$1,000 \$500

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000
Skin Graft Benefit:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$25 \$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	
Broken Tooth Benefit: Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$1,000 \$100 \$100 \$1,000 \$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit*: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year

* The Accident – Hospital Admission benefit is payable for the first day of a hospital stay, once a Covered Person has been admitted to a hospital. It may be payable in addition to the Accident - Hospital Confinement Benefit for the first day of hospitalization, if the Covered Person qualifies for payment of both benefits for that day.

OTHER BENEFITS

Lodging Benefit\$100 per day, up to 31 days per calendar
yearSecond Opinion Benefit\$25

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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 nd or 3 rd degree burn	Benefit 50% of the applicable Burn Benefit	

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

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$2,000 \$200 \$200 \$2,000 \$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit*: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.

* The Accident – Hospital Admission benefit is payable for the first day of a hospital stay, once a Covered Person has been admitted to a hospital. It may be payable in addition to the Accident - Hospital Confinement Benefit for the first day of hospitalization, if the Covered Person qualifies for payment of both benefits for that day.

OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per
	calendar year
Second Opinion Benefit	\$25

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 infection, other than
- infection occurring in an external wound resulting from an Injury;
- infection resulting from the Covered Person's commission of or attempt to commit a crime;
- 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;
- any claim for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral under § 1-302 of the Health Occupations Article. or
- any of the following outside of the United States, Canada or Mexico:
 - medical treatment;
 - hospital admission or confinement; or
 - inpatient stay in a rehabilitation facility.

6) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You, subject to the Grace period
 provision of the Group Policy;
- 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.

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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.

You have a choice of selecting coverage under one of the plans listed below. A schedule of the benefit amounts for each plan is shown.

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Dislocation Benefit*

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000
Skin Graft Benefit:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable Burn Benefit	

	Benefit
Concussion Benefit	\$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$25 \$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	fit: \$500 \$750 \$100
Broken Tooth Benefit: Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$50 \$100 \$500
Other medical device used for mobility	\$50
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000 \$100 \$100 \$1,000
Outpatient Ambulatory Surgery Benefit	\$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

Benefit for Closed Reduction	Benefit for Open Reduction
\$500	\$1,000
\$1,000	\$2,000
\$500	\$1,000
\$500	\$1,000
\$500	\$1,000
\$500	\$1,000
\$500	\$1,000
\$500	\$1,000
\$3,000	\$6,000
\$2,000	\$4,000
\$1,000	\$2,000
\$100	\$200
	Closed Reduction \$500 \$1,000 \$500 \$3,000 \$2,000 \$1,000 \$2,000 \$1,000

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn Benefit

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

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$150 \$300 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000 \$200 \$200 \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event:

- 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) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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 PROVIDES ACCIDENT-ONLY INSURANCE. IT DOES NOT PROVIDE COVERAGE FOR SICKNESS. ACCIDENT-ONLY INSURANCE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. WE WILL NOT ISSUE THE CERTIFICATE TO YOU UNLESS YOU CHECK THE BOX ON YOUR ENROLLMENT FORM ACKNOWLEDGING THAT YOU HAVE MINIMUM ESSENTIAL COVERAGE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) **BENEFITS**

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

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

You have a choice of selecting coverage under one of the plans listed below. A schedule of the benefit amounts for each plan is shown.

GOC12-AX

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit:

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000
Skin Graft Benefit:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$500 \$100
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$25 \$50 \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	efit: \$500 \$750 \$100
Broken Tooth Benefit: Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	• • •
	\$200
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$200 \$50 \$25 \$25
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Medical Testing Benefit	\$50 \$25 \$25 \$100
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Medical Testing Benefit Physician Follow-Up Visit Benefit	\$50 \$25 \$25 \$100 \$50

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use less than 1 year Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500 \$50
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$1,000 \$100 \$100 \$1,000 \$150
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$100 per day, up to 31 days per Covered Person per Accident \$200 per day, up to 31 days per Covered
Inpatient Rehabilitation Benefit	Person per Accident \$100 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2 nd Degree Burn	Benefit for 3 rd Degree Burn
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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn Benefit

	Denefit
Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
Laceration Benefit: Repaired without stitches Repaired with stitches: Total of all lacerations is less than two inches (5.08 cm) long	\$50 \$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long Total of all lacerations is over six inches (over 15.24 cm) long	\$200 \$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	fit: \$750 \$1,000 \$150
Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$100 \$50 \$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$75
Transportation Benefit	\$400
Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy	Benefit \$25 \$25 \$25
Speech therapy Vocational therapy	\$25 \$25 \$25
Speech therapy	\$25

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot Wheel chair or motorized scooter – expected use less than 1 year Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$2,000 \$200 \$200 \$2,000 \$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident \$400 per day, up to 31 days per Covered
Inpatient Rehabilitation Benefit	Person per Accident \$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
OTHER BENEFITS	
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) **DEFINITIONS**

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

Applicable to all Accident Benefits:

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

- the Covered Person being under the influence of any narcotic unless administered on the advice of a physician;
- the Covered Person being intoxicated;
- the Covered Person's suicide, attempted suicide or intentionally self-inflicted Injury;
- war or act of war (whether declared or undeclared);
- the Covered Person's active 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; or
- aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

In addition, we will not pay benefits for treatment received outside of the United States, Canada or Mexico.

6) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

You may obtain Continued Insurance for You and for Your Dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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