

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: Ecolab**

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, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Utah, 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: MINNESOTA

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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 \$1,500 \$1,000 \$250 \$500 \$500 \$250 \$250 \$250 \$50 \$50 \$1,000	\$1,000 \$3,000 \$2,000 \$500 \$1,000 \$500 \$500 \$500 \$500 \$100 \$2,000
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)	\$1,000 \$250 \$1,000 \$1,500 \$250 \$1,000 \$250 \$250 \$250	\$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 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 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:	\$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 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
Air Ambulance Benefit Ground Ambulance Benefit	
Ground Ambulance Benefit Emergency Care Benefit:	\$750
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room	\$750 \$200 \$50
Ground Ambulance Benefit Emergency Care Benefit:	\$750 \$200
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
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 \$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 \$100 \$50
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
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

Benefit

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 \$50 \$50 \$50 \$100 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000 \$100 per day, up to 365 days per
	\$100 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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*:	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:	Benefit	

Skin Graft for 2nd or 3rd degree burn 50% of the applicable Burn 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:	\$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	\$750 \$1,000 \$150
Broken Tooth Benefit:	ተ ጋበበ
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
ACCIDENT MEDICAL INCAMENTATION CENTROLO DENETITO	D C1
	Benefit
Air Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	
Ground Ambulance Benefit Emergency Care Benefit:	\$1,000 \$300
Ground Ambulance Benefit	\$1,000
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50 \$50
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
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
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 \$75
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

Benefit

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 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$2,000 \$200 \$200 \$2,000 \$300
Outpatient Ambulatory Surgery Benefit	ψ500
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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

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

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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:

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	\$25,000	\$12,500	\$5,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$75,000	\$37,500	\$15,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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:

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 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.	\$25 \$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
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bender	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	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
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only	

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
Walking boot	\$50
Wheel chair or motorized scooter – expected use less than 1 year	\$100
Wheel chair or motorized scooter – expected use 1 year or longer	\$500
Other medical device used for mobility	\$50
Medical Appliance Benefit Limit:	
Limit for all Medical Appliances combined,	
per Covered Person, per Accident	\$500
Modification Benefit	\$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
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ACCIDENT - HOSPITAL BENEFITS	Benefit
ACCIDENT - HOSPITAL BENEFITS	Benefit
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit:	
ACCIDENT - HOSPITAL BENEFITS	\$500 \$1,000
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit:	\$500 \$1,000
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$500 \$1,000 \$100 per day, up to 365 days per
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit:	\$500 \$1,000
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit:	\$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000 \$100 per day, up to 365 days per
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident \$100 per day, up to 15 days per Covered
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement Inpatient Rehabilitation Benefit	\$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident \$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident \$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement Inpatient Rehabilitation Benefit	\$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident \$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement Inpatient Rehabilitation Benefit OTHER BENEFITS	\$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per 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.

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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:	_ተ ጋባባ
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	Benefit \$1,000
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$1,000 \$300
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
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
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 \$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

Benefit

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 \$100 \$200 \$500 \$100 \$200 \$1,000 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 Accident - Hospital Confinement Benefit:	\$1,000 \$2,000
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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; 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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:

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 for 2 nd or 3 rd degree burn	50% of the applicabl	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	\$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	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$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	
Ground Ambulance Benefit Emergency Care Benefit:	\$750 \$200
Ground Ambulance Benefit	\$750
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
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$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 \$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 \$100 \$50
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
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

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 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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:

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

^{*}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 for 2 nd or 3 rd degree burn	50% of the applicabl	e Burn Benefit

Co	oncussion Benefit	\$400
Co	oma Benefit	\$10,000
Ru	uptured Disc with Surgical Repair Benefit	\$1,000
1	orn Cartilage in Knee Benefit: With surgical repair Exploratory Surgery without repair	\$750 \$150
F	ceration 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
	orn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Bene	fit:
5	Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$1,000 \$150
	oken Tooth Benefit:	# 000
E	Crown Extraction Filling	\$200 \$100 \$50
Еу	re Injury Benefit	\$300
ΛCC	INENT MENICAL TOEATMENT AND REDVICER DENIETTR	
ACC	CIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
	r Ambulance Benefit	Benefit \$1,000
Ai		
Air Gr En	r Ambulance Benefit round Ambulance Benefit nergency Care Benefit:	\$1,000 \$300
Air Gr En	r Ambulance Benefit ound Ambulance Benefit	\$1,000
Air Gr En	r Ambulance Benefit round Ambulance Benefit nergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50
Air Gr En I I No	r Ambulance Benefit round Ambulance Benefit mergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50 \$50
Air Gr En I I No Me	r Ambulance Benefit round Ambulance Benefit mergency Care Benefit: Emergency Room Physician's Office Urgent Care on-Emergency Initial Care Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50
Air Gr En I I No Me	r Ambulance Benefit round Ambulance Benefit mergency Care Benefit: Emergency Room Physician's Office Urgent Care on-Emergency Initial Care Benefit edical Testing Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50
Air Gr En I No Me Ph Tra Th	r Ambulance Benefit round Ambulance Benefit mergency Care Benefit: Emergency Room Physician's Office Urgent Care on-Emergency Initial Care Benefit edical Testing Benefit mysician Follow-Up Visit Benefit	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75
Air Gr En I No Me Ph Tr: Th	r Ambulance Benefit round Ambulance Benefit mergency Care Benefit: Emergency Room Physician's Office Urgent Care on-Emergency Initial Care Benefit edical Testing Benefit mysician Follow-Up Visit Benefit merapy Services Benefit: Cognitive behavioral therapy Cocupational therapy Physical therapy Respiratory therapy Speech therapy	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25
Ail Gr En No Me Ph Tr: Th () () Pa Pr	r Ambulance Benefit round Ambulance Benefit mergency Care Benefit: Emergency Room Physician's Office Urgent Care on-Emergency Initial Care Benefit edical Testing Benefit nysician Follow-Up Visit Benefit ansportation Benefit derapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy uin Management Benefit (for Epidural Anesthesia) osthetic Device Benefit:	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25
Ail Gr En No Me Ph Tra Th () () Pa Pr	r Ambulance Benefit round Ambulance Benefit mergency Care Benefit: Emergency Room Physician's Office Urgent Care on-Emergency Initial Care Benefit edical Testing Benefit mysician Follow-Up Visit Benefit ansportation Benefit derapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy win Management Benefit (for Epidural Anesthesia)	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25

Benefit

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 \$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
Modification Benefit	\$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 BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$2,000
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission	\$1,000
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit:	\$1,000 \$2,000 \$200 per day, up to 365 days per
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$1,000 \$2,000 \$200 per day, up to 365 days per Covered Person per Accident \$400 per day, up to 30 days per Covered
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$1,000 \$2,000 \$200 per day, up to 365 days per Covered Person per Accident \$400 per day, up to 30 days per Covered Person per Accident \$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30

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

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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:

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 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	fit: \$500 \$750 \$100
Broken Tooth Benefit: Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT MEDICAL TREATMENT AND CERVICES REVIEWS	
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
orgent date	
Non-Emergency Initial Care Benefit	\$25
-	\$25 \$100
Non-Emergency Initial Care Benefit	
Non-Emergency Initial Care Benefit Medical Testing Benefit	\$100
Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$100 \$50
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	\$100 \$50 \$200 Benefit \$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 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
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$100
Physician's Office Urgent Care	\$50 \$50
•	
Non-Emergency Initial Care Benefit	\$50
Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$200
Medical Testing Benefit	\$200
Medical Testing Benefit Physician Follow-Up Visit Benefit	\$200 \$75
Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25

Benefit

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walking boot Wheel chair or motorized scooter – expected use 1 year or longer 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 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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:

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 for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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:	•
	Crown	\$100
	Extraction	\$50
	Filling	\$25
	Eye Injury Benefit	\$200
,	ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
-	ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
		Benefit
	Air Ambulance Benefit	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
	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 \$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 \$100 \$50
	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
	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
	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
	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 \$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: One device only	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$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 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 \$15 \$15

Benefit

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 \$50 \$100 \$250 \$50 \$100 \$500 \$100 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000
Non-ICU Hospital Confinement	\$100 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e 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	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:	

Medical Appliance Benefit: Brace	Benefit \$100
Cane	\$100
Crutches	\$100
Walker – expected use less than 1 year	\$200
Walker – expected use 1 year or longer	\$500
Walking boot	\$100
Wheel chair or motorized scooter – expected use less than 1 year	\$200
Wheel chair or motorized scooter – expected use 1 year or longer	\$1,000
Other medical device used for mobility	\$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit:	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000
Outpatient Ambulatory Surgery Benefit	\$300
Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS	\$300 Benefit
ACCIDENT - HOSPITAL BENEFITS	
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit:	Benefit
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	Benefit \$1,000
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission	Benefit \$1,000
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit:	Benefit \$1,000 \$2,000
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$1,000 \$2,000 \$200 per day, up to 365 days per Covered Person per Accident
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit:	\$1,000 \$2,000 \$200 per day, up to 365 days per
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$1,000 \$2,000 \$200 per day, up to 365 days per Covered Person per Accident \$400 per day, up to 30 days per Covered
ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$1,000 \$2,000 \$200 per day, up to 365 days per Covered Person per Accident \$400 per day, up to 30 days per Covered Person per Accident \$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30

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.

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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 \$1,500 \$1,000 \$250 \$500 \$500 \$250 \$250 \$250 \$50 \$50 \$1,000	\$1,000 \$3,000 \$2,000 \$500 \$1,000 \$500 \$500 \$500 \$500 \$100 \$2,000
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)	\$1,000 \$250 \$1,000 \$1,500 \$250 \$1,000 \$250 \$250 \$250	\$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 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 for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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:	
	Crown	\$100
	Extraction	\$50
	Filling	\$25
	Eye Injury Benefit	\$200
^	ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
~	NCCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
		Benefit
	Air Ambulance Benefit	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
	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 \$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 \$100 \$50
	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
	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
	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
	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
	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 Yocational therapy Pain Management Benefit (for Epidural Anesthesia) Prosthetic Device Benefit: One device only	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$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 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 \$15 \$15

Benefit

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 \$100 \$500 \$500				
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500				
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000 \$100 per day, up to 365 days per				
	\$100 per day, up to 365 days per Covered Person per Accident				
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year				

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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.

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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e 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	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
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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.

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 for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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:	
	Crown	\$100
	Extraction	\$50
	Filling	\$25
	Eye Injury Benefit	\$200
^	ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
~	ACCIDENT - MIEDICAL TREATMENT AND SERVICES BENEFITS	
		Benefit
	Air Ambulance Benefit	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
	Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$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 \$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 \$100 \$50
	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
	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
	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
	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
	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: One device only	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$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 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 \$15 \$15

Benefit

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 \$50 \$100 \$250 \$50 \$100 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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.

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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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	\$750 \$1,000
Exploratory Surgery without repair	\$150
Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
Lyo mjary Bonom	φοσσ
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
ACCIDENT - MIEDICAL TREATMENT AND SERVICES BENEFITS	
	Benefit
Air Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	
Air 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
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
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 \$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

Benefit

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walking boot Wheel chair or motorized scooter – expected use 1 year or longer 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 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery Exploratory Surgery Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$2,000 \$200 \$200 \$2,000 \$300
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 365 days per Covered person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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.

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
	\$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.

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	\$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 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
	COLDENT MEDICAL TREATMENT AND SERVICES DEVICES	
A	CCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
	Air Ambulance Benefit	\$750
	Ground Ambulance Benefit	\$200
		•
	Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	•
	Emergency Care Benefit: Emergency Room Physician's Office	\$200 \$50 \$25
	Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$200 \$50 \$25 \$25
	Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$200 \$50 \$25 \$25 \$25
	Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$200 \$50 \$25 \$25 \$25 \$25 \$100
	Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$200 \$50 \$25 \$25 \$25 \$100 \$50
	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	\$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15
	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	\$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15

Concussion Benefit

Benefit

\$200

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 \$100 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 Accident - Hospital Confinement Benefit:	\$500 \$1,000
Non-ICU Hospital Confinement	\$100 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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.

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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$100
Physician's Office Urgent Care	\$50 \$50
•	
Non-Emergency Initial Care Benefit	\$50
Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$200
Medical Testing Benefit	\$200
Medical Testing Benefit Physician Follow-Up Visit Benefit	\$200 \$75
Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25

Benefit

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
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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.

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 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	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

GOC12-AX (1-13) Page 4 - ME

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 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

Prosthetic Device Benefit:

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

Basic Dismemberment/Functional Loss Benefit: Loss of one finger or one toe Loss of one arm or one leg Loss of one hand or one foot Loss of two or more fingers or toes in any combination	Benefit \$500 \$10,000 \$10,000 \$2,000
Loss of sight in one eye Loss of hearing in one ear	\$10,000 \$10,000
Loss of fleating in one ear	Φ10,000
Catastrophic Dismemberment/Functional Loss Benefit:	Benefit
Loss of both arms or both legs or one arm and one leg	\$50,000
Loss of both hands or both feet or one hand and one foot	\$50,000
Loss of sight in both eyes	\$50,000
Loss of hearing in both ears Loss of ability to speak	\$50,000 \$50,000
Paralysis Benefit: Two limbs (paraplegia or hemiplegia) Four limbs (quadriplegia)	Benefit \$25,000 \$50,000

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicabl	e 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	\$50 \$100 g \$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400 \$400
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: \$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
Pain Management Benefit (for Epidural Anesthesia)	\$100

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
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$1,000 \$2,000 \$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 30 days per calendar year

Prosthetic Device Benefit:

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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 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	\$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 Bend 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	\$100
Extraction Filling	\$50 \$25
	\$50
Filling	\$50 \$25
Filling Eye Injury Benefit	\$50 \$25 \$200
Filling Eye Injury Benefit ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	\$50 \$25 \$200 Benefit
Filling Eye Injury Benefit ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	\$50 \$25 \$200 Benefit \$750
Eye Injury Benefit ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$50 \$25 \$200 Benefit \$750 \$200 \$50 \$25
Filling Eye Injury Benefit ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25 \$200 Benefit \$750 \$200 \$50 \$25 \$25
Filling Eye Injury Benefit ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$50 \$25 \$200 Benefit \$750 \$200 \$50 \$25 \$25 \$25
Eye Injury Benefit ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$25 \$200 Benefit \$750 \$200 \$50 \$25 \$25 \$25 \$25 \$100
Eye Injury Benefit ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS 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	\$50 \$25 \$200 Benefit \$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50

GOC12-AX Page 4 - NJ

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 \$100 \$250 \$50 \$100 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

For You	For Your Spouse, Domestic Partner or Civil Union Partner	For Your Dependent Child or Civil Union Child
\$50,000	\$25,000	\$10,000
For You	For Your Spouse, Domestic Partner or Civil Union Partner	For Your Dependent Child or Civil Union Child
\$150,000	\$75,000	\$30,000
	For You	Domestic Partner or Civil Union Partner \$50,000 \$25,000 For You For Your Spouse, Domestic Partner or Civil Union Partner

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e 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 Ben 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	\$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

One device only More than one device	\$750 \$1,500
wore 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 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 30 days per calendar year

Prosthetic Device Benefit:

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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
	\$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.

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 applicabl	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 ng \$100 \$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Be 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
Pain Management Benefit (for Epidural Anesthesia)	\$50

GOC12-AX Page 4 - NV

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 \$100 \$250 \$50 \$100 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	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	\$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 Ben 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	\$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

GOC12-AX Page 8 - NV

One device only More than one device	\$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 \$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
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$1,000 \$2,000 \$200 per day, up to 365 days per
Intensive Care Unit Confinement	Covered Person per Accident \$400 per day, up to 30 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 30 days per calendar year

Prosthetic Device Benefit:

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.

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$25,000	\$12,500	\$5,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$75,000	\$37,500	\$15,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

on

^{*}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 for 2 nd or 3 rd degree burn	50% of the applicable	e 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
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 Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$500 \$750 \$100
Broken Tooth Benefit:	* 400
Crown Extraction	\$100 \$50
Filling	\$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Donofit
	Benefit
Air Ambulance Benefit	\$750
Air Ambulance Benefit Ground Ambulance Benefit	
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
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
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

GOC12-AX Page 4 - PA

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
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicabl	e 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	\$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	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

GOC12-AX Page 8 - PA

One device only More than one device	\$750 \$1,500
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 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$1,000 \$2,000 \$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 30 days per calendar year

Prosthetic Device Benefit:

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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 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
		Ψ100
	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	\$500 \$750
	Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$750 \$100
	Broken Tooth Benefit:	
	Crown	\$100
	Extraction Filling	\$50 \$25
	Eye Injury Benefit	\$200
	ACCIDENT MEDICAL TREATMENT AND CERVICES REVIEWS	
F	ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
		Benefit
	Air Ambulance Benefit	Benefit \$750
	Air Ambulance Benefit Ground Ambulance Benefit	
	Ground Ambulance Benefit Emergency Care 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	\$750 \$200 \$50
	Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$750 \$200 \$50 \$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
	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
	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
	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
	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
	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: One device only	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$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 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 \$15 \$15

Benefit

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 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$50 \$100 \$500 \$1500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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

^{*}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 for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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
Air Ambulance Benefit	Benefit \$1,000
Air 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
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
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 \$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 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25

Benefit

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot	Benefit \$100 \$100 \$100 \$200 \$500 \$100
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	\$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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
	\$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.

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 Total of all lacerations is over six inches (over 15.24 cm) long	n) long \$100
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuf- Surgical repair: one tendon/ligament/rotator cuff Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	ff Benefit: \$500 \$750 \$100
Broken Tooth Benefit: Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFIT	TS 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
Pain Management Benefit (for Epidural Anesthesia)	\$50

GOC12-AX Page 4 - TN

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
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000 \$100 per day, up to 365 days per
Intensive Care Unit Confinement	Covered Person per Accident \$200 per day, up to 30 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 30 days per calendar year

Prosthetic Device Benefit:

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicabl	e 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 Ben 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	\$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

GOC12-AX Page 8 - TN

Prosthetic Device Benefit:	
One device only More than one device	\$750 \$1,500
More than one device	¥1,000
Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year	Benefit \$100 \$100 \$100 \$200
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	\$500 \$100 \$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 30 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

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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 for 2 nd or 3 rd degree burn	50% of the applicabl	e Burn Benefit

Concussion 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 Bender	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: Crown	\$100
Extraction Filling	\$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	
0.0di.d /bdi.di.00	\$200
Emergency Care Benefit:	\$200
Emergency Care Benefit: Emergency Room	\$50
Emergency Care Benefit:	
Emergency Care Benefit: Emergency Room Physician's Office	\$50 \$25
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$50 \$25 \$25
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$50 \$25 \$25 \$25
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$25 \$25 \$25 \$100
Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit Physician Follow-Up Visit Benefit	\$50 \$25 \$25 \$25 \$25 \$100 \$50
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	\$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15
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	\$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$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 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$100 \$250 \$50 \$100 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e 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	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	Benefit \$100 \$100 \$100 \$200 \$500 \$100
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	\$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 days per Covered Person per Accident

* Confinement means the assignment

Inpatient Rehabilitation Benefit

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 \$200 per day, up to 30 days per calendar

year

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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 for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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 Ben 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
4.00/DENT MEDICAL TREATMENT AND 05D//050 DENESITO	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
	the best fit will a small the many forces.
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
Air Ambulance Benefit Ground Ambulance Benefit	allowable rate established by the Connecticut Department of Public Health in accordance with section 19a-177 of the
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	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 Connecticut General Statutes \$50 \$25
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	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 Connecticut General Statutes \$50 \$25 \$25
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	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 Connecticut General Statutes \$50 \$25
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	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 Connecticut General Statutes \$50 \$25 \$25 \$25
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	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 Connecticut General Statutes \$50 \$25 \$25 \$25 \$25

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 Epidural Anesthesia)	\$50
Prosthetic Device Benefit:	
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 year	\$100
Walker – expected use 1 year or longer	\$250
Walking boot	\$50
Wheel chair or motorized scooter – expected use less than 1 year	\$100
Wheel chair or motorized scooter – expected use 1 year or longer	\$500
Other medical device used for mobility	\$50
Medical Appliance Benefit Limit:	
Limit for all Medical Appliances combined,	
per Covered Person, per Accident	\$500
Modification Benefit	\$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery Benefit:	
Cranial Surgery	\$1,000
Exploratory Surgery	\$100
Exploratory Surgery	#400
Hernia repair	\$100
	\$1,000
Hernia repair	·
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit	\$1,000 \$150
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS	\$1,000
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit:	\$1,000 \$150 Benefit
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission	\$1,000 \$150 Benefit \$500
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit:	\$1,000 \$150 Benefit
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$150 Benefit \$500
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit:	\$1,000 \$150 Benefit \$500 \$1,000
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission	\$1,000 \$150 Benefit \$500 \$1,000 \$100 per day, up to 365 days per
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$1,000 \$150 Benefit \$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit:	\$1,000 \$150 Benefit \$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$1,000 \$150 Benefit \$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$1,000 \$150 Benefit \$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident \$100 per day, up to 15 days per Covered
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$1,000 \$150 Benefit \$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident \$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$1,000 \$150 Benefit \$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident \$100 per day, up to 15 days per Covered
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement	\$1,000 \$150 Benefit \$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident \$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement Intensive Care Unit Confinement Inpatient Rehabilitation Benefit	\$1,000 \$150 Benefit \$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per 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
Hernia repair Thoracic cavity or abdominal pelvic cavity Surgery Outpatient Ambulatory Surgery Benefit ACCIDENT - HOSPITAL BENEFITS Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement Intensive Care Unit Confinement Intensive Care Unit Confinement	\$1,000 \$150 Benefit \$500 \$1,000 \$100 per day, up to 365 days per Covered Person per Accident \$200 per day, up to 30 days per Covered Person per Accident \$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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	\$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	efit: \$750 \$1,000 \$150
Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT MEDICAL TREATMENT AND SERVICES DENIETES	
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

Benefit

\$75 \$400

Physician Follow-Up Visit Benefit

Transportation Benefit

Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	Benefit \$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
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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.

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.

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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 for 2 nd or 3 rd degree burn	50% of the applicabl	e Burn 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:	\$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:	•
	Crown	\$100
	Extraction	\$50
	Filling	\$25
	Eye Injury Benefit	\$200
^	ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
~	ACCIDENT - MIEDICAL TREATMENT AND SERVICES BENEFITS	
		Benefit
	Air Ambulance Benefit	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
	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 \$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 \$100 \$50
	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
	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
	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
	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
	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: One device only	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$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 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 \$15 \$15

Benefit

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 1 year or longer Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$50 \$100 \$250 \$50 \$50 \$50 \$100 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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
Catpatient Ambalatory Cargory Benefit	4100
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit: Non-ICU Hospital Admission Intensive Care Unit Admission Accident - Hospital Confinement Benefit:	\$500 \$1,000
Non-ICU Hospital Confinement	\$100 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e 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	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	\$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	Benefit \$100 \$100 \$100 \$200 \$500 \$100
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	\$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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 for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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:	
	Crown	\$100
	Extraction	\$50
	Filling	\$25
	Eye Injury Benefit	\$200
^	ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
~	ACCIDENT - MIEDICAL TREATMENT AND SERVICES BENEFITS	
		Benefit
	Air Ambulance Benefit	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
	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 \$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 \$100 \$50
	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
	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
	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
	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
	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: One device only	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$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 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 \$15 \$15

Benefit

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 \$50 \$50 \$50 \$100 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 Accident - Hospital Confinement Benefit:	\$500 \$1,000
Non-ICU Hospital Confinement	\$100 per day, up to 365 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 30 days per calendar year

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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	\$750
	Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$1,000 \$150
	Broken Tooth Benefit:	
	Crown	\$200
	Extraction Filling	\$100 \$50
	Eye Injury Benefit	\$300
F	ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Donofit
		Benefit
	Air Ambulance Benefit	\$1,000
	Air Ambulance Benefit Ground Ambulance Benefit	
		\$1,000
	Ground Ambulance Benefit Emergency Care Benefit: Emergency Room	\$1,000 \$300 \$100
	Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$1,000 \$300 \$100 \$50
	Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$1,000 \$300 \$100 \$50 \$50
	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
	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
	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 \$75
	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	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400
	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 \$75
	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 \$50 \$200 \$75 \$400 Benefit \$25 \$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 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:	\$1,000 \$300 \$100 \$50 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$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 Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy Pain Management Benefit (for Epidural Anesthesia)	\$1,000 \$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25 \$25

Benefit

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walker – expected use 1 year or longer Walking boot	Benefit \$100 \$100 \$100 \$200 \$500 \$100
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	\$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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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:

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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 for 2 nd or 3 rd degree burn	50% of the applicabl	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:	\$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	\$500 \$750 \$100
Broken Tooth Benefit:	0.100
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	\$50 \$25
Urgent Care	\$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
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit: One device only More than one device	\$500 \$1,000

Benefit

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 \$50 \$100 \$250 \$50 \$100 \$500 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e 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	\$750 \$1,000 \$150
Broken Tooth Benefit:	#200
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

Benefit

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 \$100 \$200 \$500 \$100 \$200 \$100 \$200 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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;
- with respect to Accidental Death Benefits and Accidental Dismemberment/Functional Loss/Paralysis Benefits, the Covered Person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- 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-1 (Referred to as the "Certificate")

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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 for 2 nd or 3 rd degree burn	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: 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	\$500 \$750 \$100
Broken Tooth Benefit: Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Danafit
Air Ambulanas Danstit	Benefit
Air Ambulance Benefit Ground Ambulance Benefit	\$750 \$200
	\$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
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 1 year or longer Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$100 \$250 \$100 \$250 \$50 \$100 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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
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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$100
Physician's Office Urgent Care	\$50 \$50
•	
Non-Emergency Initial Care Benefit	\$50
Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$200
Medical Testing Benefit	\$200
Medical Testing Benefit Physician Follow-Up Visit Benefit	\$200 \$75
Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25

Benefit

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
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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:

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 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	\$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
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 \$50 \$50 \$50 \$100 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000 \$100 per day, up to 365 days per
	\$100 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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:

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
	\$500 \$1,000 \$500 \$500 \$500 \$500 \$500 \$500 \$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%	\$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

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:	\$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	\$750 \$1,000
Exploratory Surgery without repair	\$150
Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
Lyo mjary Bonom	φοσσ
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
ACCIDENT - MIEDICAL TREATMENT AND SERVICES BENEFITS	
	Benefit
Air Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	
Air 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
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
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 \$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

Benefit

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
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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;
- 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 DEATH AND
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:

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

Basic Dismemberment/Functional Loss Benefit: Loss of one finger or one toe Loss of one arm or one leg Loss of one hand or one foot Loss of two or more fingers or toes in any combination Loss of sight in one eye Loss of hearing in one ear	Benefit \$500 \$2,500 \$2,500 \$1,000 \$2,500 \$2,500
Catastrophic Dismemberment/Functional Loss Benefit:	Benefit
Loss of both arms or both legs or one arm and one leg	\$10,000
Loss of both hands or both feet or one hand and one foot	\$10,000
Loss of sight in both eyes Loss of hearing in both ears Loss of ability to speak	\$10,000 \$10,000 \$10,000
Paralysis Benefit: Two limbs (paraplegia or hemiplegia) Four limbs (quadriplegia)	Benefit \$5,000 \$10,000

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:

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

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
4001DENT MEDICAL CARE AND GERMAN DENIETE	
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
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 1 year or longer Other medical device used for mobility	Benefit \$50 \$50 \$50 \$50 \$100 \$250 \$50 \$50 \$50 \$100 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 365 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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*:	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

Concussion Benefit	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 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Transfusion 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 Accident - Hospital Confinement Benefit:	\$1,000 \$2,000
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
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 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, 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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

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

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.

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 for 2 nd or 3 rd degree burn	50% of the applicabl	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	\$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
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 \$100 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 Accident - Hospital Confinement Benefit:	\$500 \$1,000
Non-ICU Hospital Confinement	\$100 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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.

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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable	e 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	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	Benefit \$100 \$100 \$100 \$200 \$500 \$100
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	\$200 \$1,000 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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
Tailbone (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.

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 for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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 Surgical repair: two or more tendons/ligaments/rotator cuffs Exploratory Surgery without repair	\$500 \$750 \$100
Broken Tooth Benefit: Crown	\$100
Extraction Filling	\$50 \$25
Eye Injury Benefit	\$200
ACCIDENT MEDICAL TREATMENT AND CERVICES RENEFITS	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
	Benefit
Air Ambulance Benefit	Benefit \$750
Air Ambulance Benefit Ground Ambulance Benefit	
Ground Ambulance Benefit Emergency Care Benefit:	\$750 \$200
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room	\$750 \$200 \$50
Ground Ambulance Benefit Emergency Care Benefit:	\$750 \$200
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
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$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 \$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 \$100 \$50
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

Benefit

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 \$50 \$50 \$50 \$100 \$500 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000 \$100 per day, up to 365 days per
	\$100 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH - COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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
Tailbone (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.

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
	\$500 \$1,000 \$500 \$500 \$500 \$500 \$500 \$500 \$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%	\$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 applicabl	e 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	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 Walking boot Wheel chair or motorized scooter – expected use 1 year or longer 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 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. 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:

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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.

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 for 2 nd or 3 rd degree burn	50% of the applicabl	e Burn 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
Exploratory Surgery without repair	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	fit:
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:	
Crown	\$100
Extraction Filling	\$50 \$25
Eye Injury Benefit	\$200
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
	Benefit
Air Ambulance Benefit	
Air Ambulance Benefit Ground Ambulance Benefit	\$750
Ground Ambulance Benefit	
	\$750
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
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$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 \$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
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
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
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
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 \$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)	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$15 \$15 \$15 \$15 \$15

Benefit

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 \$50 \$100 \$250 \$50 \$100 \$500 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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.

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	
	\$500 \$1,000 \$500 \$500 \$500 \$500 \$500 \$500 \$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%	\$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 applicabl	e 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	efit: \$750 \$1,000 \$150
	Broken Tooth Benefit: Crown Extraction Filling	\$200 \$100 \$50
	Eye Injury Benefit	\$300
	COIDENT MEDICAL TREATMENT AND SERVICES DEVICES	
_	CCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
^	Air Ambulance Benefit	Benefit \$1,000
^		
	Air Ambulance Benefit	\$1,000
<i>P</i>	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
	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
P	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 \$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
	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

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
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

Basic Dismemberment/Functional Loss Benefit: Loss of one finger or one toe Loss of one arm or one leg Loss of one hand or one foot Loss of two or more fingers or toes in any combination Loss of sight in one eye Loss of hearing in one ear	Benefit \$500 \$2,500 \$2,500 \$1,000 \$2,500 \$2,500
Catastrophic Dismemberment/Functional Loss Benefit:	Benefit
Loss of both arms or both legs or one arm and one leg	\$10,000
Loss of both hands or both feet or one hand and one foot	\$10,000
Loss of sight in both eyes	\$10,000
Loss of hearing in both ears	\$10,000
Loss of ability to speak	\$10,000
Paralysis Benefit: Two limbs (paraplegia or hemiplegia) Four limbs (quadriplegia)	Benefit \$5,000 \$10,000

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 \$1,500 \$1,000 \$250 \$500 \$500 \$250 \$250 \$250 \$50 \$50 \$1,000	\$1,000 \$3,000 \$2,000 \$500 \$1,000 \$500 \$500 \$500 \$500 \$100 \$2,000
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)	\$1,000 \$250 \$1,000 \$1,500 \$250 \$1,000 \$250 \$250 \$250	\$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 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 for 2 nd or 3 rd degree burn	50% of the applicable	e Burn 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:	\$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:	
	Crown	\$100
	Extraction	\$50
	Filling	\$25
	Eye Injury Benefit	\$200
^	ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
~	ACCIDENT - MIEDICAL TREATMENT AND SERVICES BENEFITS	
		Benefit
	Air Ambulance Benefit	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
	Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$750 \$200 \$50 \$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 \$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 \$100 \$50
	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
	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
	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
	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
	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: One device only	\$750 \$200 \$50 \$25 \$25 \$25 \$100 \$50 \$200 Benefit \$15 \$15 \$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 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 \$15 \$15

Benefit

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
Modification Benefit	\$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 365 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 30 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:

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH – COMMON CARRIER	For You	For Your Spouse or	For Your
BENEFIT: *	* 4 = 0 000	Domestic Partner	Dependent Child
	\$150,000	\$75,000	\$30,000

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicabl	e Burn Benefit

	Damafit
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	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
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 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 30 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 DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

Basic Dismemberment/Functional Loss Benefit: Loss of one finger or one toe Loss of one arm or one leg Loss of one hand or one foot Loss of two or more fingers or toes in any combination Loss of sight in one eye Loss of hearing in one ear	Benefit \$500 \$2,500 \$2,500 \$1,000 \$2,500 \$2,500
Catastrophic Dismemberment/Functional Loss	Benefit
Benefit: Loss of both arms or both legs or one arm and one leg	\$10,000
Loss of both hands or both feet or one hand and one foot	\$10,000
Loss of sight in both eyes Loss of hearing in both ears	\$10,000 \$10,000
Loss of ability to speak	\$10,000
Paralysis Benefit: Two limbs (paraplegia or hemiplegia) Four limbs (quadriplegia)	Benefit \$5,000 \$10,000

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:

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 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:	\$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	\$500 \$750 \$100
Broken Tooth Benefit:	0.100
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	\$50 \$25
Urgent Care	\$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

Benefit

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 \$50 \$100 \$500
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 Accident - Hospital Confinement Benefit: Non-ICU Hospital Confinement	\$500 \$1,000 \$100 per day, up to 365 days per
Intensive Care Unit Confinement	Covered Person per Accident \$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 30 days per calendar year

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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*:	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:	Benefit	

Skin Graft for 2nd or 3rd degree burn 50% of the applicable Burn 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:	\$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
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$100
Physician's Office Urgent Care	\$50 \$50
•	
Non-Emergency Initial Care Benefit	\$50
Non-Emergency Initial Care Benefit Medical Testing Benefit	\$50 \$200
Medical Testing Benefit	\$200
Medical Testing Benefit Physician Follow-Up Visit Benefit	\$200 \$75
Medical Testing Benefit Physician Follow-Up Visit Benefit Transportation Benefit Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy	\$200 \$75 \$400 Benefit \$25 \$25 \$25 \$25 \$25 \$25

Benefit

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
Modification Benefit	\$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 365 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 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 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 DEATH AND

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:

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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:

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 for 2 nd or 3 rd degree burn	50% of the applicable	e 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	\$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:	Ф400
Crown Extraction Filling	\$100 \$50 \$25
Eye Injury Benefit	\$200
ACCIDENT MEDICAL TREATMENT AND CERVICES REVIEWED	
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS Air Ambulance Benefit	Benefit \$750
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$750 \$200
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit: Emergency Room	\$750 \$200 \$50
Air Ambulance Benefit Ground Ambulance Benefit Emergency Care Benefit:	\$750 \$200
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
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
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
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

Medical Appliance Benefit: Brace Cane Crutches Walker – expected use less than 1 year Walking boot Wheel chair or motorized scooter – expected use 1 year or longer 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 \$100
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500
Modification Benefit	\$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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 30 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 30 days per calendar year

HIGH PLAN

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

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

^{*}The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

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

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
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 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:	Benefit	

Skin Graft for 2nd or 3rd degree burn

	D
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	afit.
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:	Фооо
Crown Extraction Filling	\$200 \$100 \$50
Eye Injury Benefit	\$300
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	Benefit
Air Ambulance Benefit	\$1,000
Air Ambulance Benefit Ground Ambulance Benefit	\$1,000 \$300
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Ground Ambulance Benefit Emergency Care Benefit: Emergency Room	\$300 \$100
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office	\$300 \$100 \$50
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$300 \$100 \$50 \$50
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit	\$300 \$100 \$50 \$50 \$50
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care	\$300 \$100 \$50 \$50
Ground Ambulance Benefit Emergency Care Benefit: Emergency Room Physician's Office Urgent Care Non-Emergency Initial Care Benefit Medical Testing Benefit	\$300 \$100 \$50 \$50 \$50 \$50
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	\$300 \$100 \$50 \$50 \$50 \$200 \$75
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	\$300 \$100 \$50 \$50 \$50 \$200 \$75 \$400 Benefit \$25 \$25 \$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 Therapy Services Benefit: Cognitive behavioral therapy Occupational therapy Physical therapy Respiratory therapy Speech therapy Vocational therapy	\$300 \$100 \$50 \$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 Walking boot Wheel chair or motorized scooter – expected use 1 year or longer Wheel chair or motorized scooter – expected use 1 year or longer Other medical device used for mobility	Benefit \$100 \$100 \$100 \$100 \$200 \$500 \$100 \$200 \$1,000 \$1,000
Medical Appliance Benefit Limit: Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit: Cranial Surgery 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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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 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.

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.