



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: The Johns Hopkins University.**

The Outline of Coverage provides a very brief summary of the important features of the Group Accident Insurance. The Outline of Coverage is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control.

To access and read your Outline of Coverage:

- If you are a **RESIDENT** of one of the following states, click on the box below that shows the name of your state of residence:

OR

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

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
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Lodging Benefit	\$100 per day, up to 31 days per calendar year
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HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

OTHER BENEFITS

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

4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

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

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit;
- 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

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.



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NEW YORK, NEW YORK**

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(Referred to as the "Group Policy")
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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 2nd Degree Burn	Benefit for 3rd 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	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

* **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

Health Screening Benefit	\$50
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

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

Dislocation Benefit:

Full Dislocation Benefit*:

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

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

Burn Benefit:

Percentage of total surface skin area that is burnt

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

Skin Graft Benefit:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

* **Confinement** means the assignment to a bed as a resident inpatient in a hospital (including an intensive care unit of a hospital) on the advice of a 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

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

4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

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

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit;
- 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$25
Eye Injury Benefit	\$200

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	the benefit will equal the maximum allowable rate established by the Connecticut Department of Public Health in accordance with section 19a-177 of the Connecticut General Statutes
Ground Ambulance Benefit	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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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
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
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Lodging Benefit	\$100 per day, up to 31 days per calendar year

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

	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
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.

	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 for 2nd or 3rd 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	\$750
Exploratory Surgery without repair	\$150
Laceration Benefit:	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$750
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
Broken Tooth Benefit:	
Crown	\$200
Extraction	\$100
Filling	\$50
Eye Injury Benefit	\$300

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	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	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400

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

4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the Covered Person's physician for the Covered Person;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;

- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit (only applies to employees who are not corporate officers of the group policyholder);
- 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 INJURIES, AND BENEFITS
FOR TREATMENT OF AN ACCIDENTAL INJURY IN A HOSPITAL. BENEFIT AMOUNTS
ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.**

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
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Lodging Benefit	\$100 per day, up to 31 days per calendar year
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HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

OTHER BENEFITS

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

4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

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

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

In addition, we will not pay benefits for:

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

6) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

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

Dislocation Benefit:

Full Dislocation Benefit*:

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

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

Burn Benefit:

Percentage of total surface skin area that is burnt

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

Skin Graft Benefit:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

Medical Appliance Benefit Limit:

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

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

Outpatient Ambulatory Surgery Benefit	\$300
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ACCIDENT - HOSPITAL BENEFITS

Benefit

Accident - Hospital Admission Benefit:

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

Accident - Hospital Confinement Benefit:

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

Inpatient Rehabilitation Benefit

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

OTHER BENEFITS

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

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection or riot;
- the Covered Person's participation in a felony;
 - the Covered Person's alcoholism or drug addiction;
- dental care or treatment or cosmetic surgery, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental or emotional disorders or treatment of such mental or emotional disorders, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- if acting in a professional capacity, the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person participating in any professional competitive athletic activity for which any type of compensation or remuneration is received;
- if acting in a professional capacity, the Covered Person hang gliding, para-kiting, or sail-gliding.

In addition, we will not pay benefits for:

- any injuries for which benefits are paid by worker's compensation, employers liability or occupational disease law; 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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

Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000

Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
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Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
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OTHER BENEFITS

Health Screening Benefit	\$50
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Lodging Benefit	\$100 per day, up to 31 days per calendar year
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HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

OTHER BENEFITS

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

4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

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

- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving in a professional capacity in any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;

- the Covered Person's employment for wage or profit;
- 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

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

Dislocation Benefit:

Full Dislocation Benefit*:

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

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

Burn Benefit:

Percentage of total surface skin area that is burnt

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

Skin Graft Benefit:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

OTHER BENEFITS

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

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
 - any 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's employment for wage or profit;
- 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

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

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

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

Dislocation Benefit: 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 2nd Degree Burn	Benefit for 3rd 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	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
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Lodging Benefit	\$100 per day, up to 31 days per calendar year
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HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

OTHER BENEFITS

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

4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative;
- the Covered Person's voluntary inhalation of gas or fumes or voluntary taking of poison;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war (the term "war" does not include terrorist acts);
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit;
- 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 to 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT ONLY INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT ONLY INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$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 2nd Degree Burn	Benefit for 3rd 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	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn Tendon / Ligament / Rotator Cuff Benefit	\$500
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$25
Eye Injury Benefit	\$200

ACCIDENT - MEDICAL CARE AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Transfusion Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 31 days per Covered Person per Accident but not to exceed 31 days per calendar year

OTHER BENEFITS

Lodging Benefit	\$100 per day, up to 31 days per calendar year
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HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$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 2nd Degree Burn	Benefit for 3rd 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	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
Torn Tendon / Ligament / Rotator Cuff Benefit:	\$750
Broken Tooth Benefit:	
Crown	\$200
Extraction	\$100
Filling	\$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	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

Outpatient Ambulatory Surgery Benefit	\$300
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ACCIDENT - HOSPITAL BENEFITS

Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$2,000
Intensive Care Unit Admission	\$2,000

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

OTHER BENEFITS

Lodging Benefit	\$200 per day, up to 31 days per calendar year
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4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

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

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit;
- 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 to a Covered Person will be reduced as described in the table below, based on the Covered Person's Attained Age.

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

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

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

POLICYHOLDER:

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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable
Burn Benefit

Benefit

Concussion Benefit	\$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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
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Blood/Plasma/Platelets Benefit	\$300
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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

Accident - Hospital Admission Benefit:

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

Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

Inpatient Rehabilitation Benefit

\$100 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
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Lodging Benefit	\$100 per day, up to 31 days per calendar year
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HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable
Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

Medical Appliance Benefit Limit:

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

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

Outpatient Ambulatory Surgery Benefit	\$300
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ACCIDENT - HOSPITAL BENEFITS

Benefit

Accident - Hospital Admission Benefit:

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

Accident - Hospital Confinement Benefit:

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

Inpatient Rehabilitation Benefit

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

OTHER BENEFITS

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

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

Applicable to all Accident Benefits:

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

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

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

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

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

In addition, we will not pay benefits for:

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

6) LIMITATIONS

Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Dislocation 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 2nd Degree Burn	Benefit for 3rd 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	\$750
Exploratory Surgery without repair	\$150
Laceration Benefit:	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$750
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
Broken Tooth Benefit:	
Crown	\$200
Extraction	\$100
Filling	\$50
Eye Injury Benefit	\$300

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

OTHER BENEFITS

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

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
 - any 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's employment for wage or profit;
- 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

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

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 2nd Degree Burn	Benefit for 3rd 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	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

OTHER BENEFITS

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

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
 - any 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's employment for wage or profit;
- 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 to 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit: Full Dislocation 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 2nd Degree Burn	Benefit for 3rd 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	\$750
Exploratory Surgery without repair	\$150
Laceration Benefit:	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$750
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
Broken Tooth Benefit:	
Crown	\$200
Extraction	\$100
Filling	\$50
Eye Injury Benefit	\$300

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

OTHER BENEFITS

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

4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility;
- any Injuries for which benefits are paid by worker's compensation;
- 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
Lodging Benefit	\$100 per day, up to 31 days per calendar year

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

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

OTHER BENEFITS

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

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

4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

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

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit;
- 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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

Blood/Plasma/Platelets Benefit	\$300
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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 Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 31 days per Covered Person per Accident but not to exceed 31 days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
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Lodging Benefit	\$100 per day, up to 31 days per calendar year
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HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

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

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

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

OTHER BENEFITS

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

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's voluntary use, by any means, of:
 - any 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's employment for wage or profit;
- 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

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

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

The Certificate excludes benefits for any loss caused or contributed to by a Covered Person's employment for wage or profit.

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

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

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

DISCLOSURE STATEMENT

1) READ YOUR CERTIFICATE CAREFULLY

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

The benefits under this policy are summarized below:

2) ACCIDENT INSURANCE

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

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

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$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 2nd Degree Burn	Benefit for 3rd 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	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$25
Urgent Care	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$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
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
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$1,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year
OTHER BENEFITS	
Health Screening Benefit	\$50
Lodging Benefit	\$100 per day, up to 31 days per calendar year

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

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

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

Dislocation Benefit:

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

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

Burn Benefit:	Benefit for 2nd Degree Burn	Benefit for 3rd Degree Burn
Percentage of total surface skin area that is burnt		
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	\$750
Exploratory Surgery without repair	\$150
Laceration Benefit:	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$750
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
Broken Tooth Benefit:	
Crown	\$200
Extraction	\$100
Filling	\$50
Eye Injury Benefit	\$300

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

Medical Appliance Benefit:	Benefit
Brace	\$100
Cane	\$100
Crutches	\$100
Walker – expected use less than 1 year	\$200
Walker – expected use 1 year or longer	\$500
Walking boot	\$100
Wheel chair or motorized scooter – expected use less than 1 year	\$200
Wheel chair or motorized scooter – expected use 1 year or longer	\$1,000
Other medical device used for mobility	\$100
Medical Appliance Benefit Limit:	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit:	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000
Outpatient Ambulatory Surgery Benefit	\$300
ACCIDENT - HOSPITAL BENEFITS	Benefit
Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$2,000
Intensive Care Unit Admission	\$2,000
Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident
Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
OTHER BENEFITS	
Health Screening Benefit	\$50
Lodging Benefit	\$200 per day, up to 31 days per calendar year

4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

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

- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit;

- 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 to 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

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

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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	\$1000

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
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Blood/Plasma/Platelets Benefit	\$300
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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

Accident - Hospital Admission Benefit*:

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

Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year
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* The Accident – Hospital Admission benefit is payable for the first day of a hospital stay, once a Covered Person has been admitted to a hospital. It may be payable in addition to the Accident - Hospital Confinement Benefit for the first day of hospitalization, if the Covered Person qualifies for payment of both benefits for that day.

OTHER BENEFITS

Health Screening Benefit	\$50
Lodging Benefit	\$100 per day, up to 31 days per calendar year
Second Opinion Benefit	\$25

HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,000	\$6,000
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 25% of the applicable benefit for joint involved.

Burn Benefit:

Percentage of total surface skin area that is burnt

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

Skin Graft Benefit:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

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

Medical Appliance Benefit Limit:

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

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

Outpatient Ambulatory Surgery Benefit	\$300
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ACCIDENT - HOSPITAL BENEFITS

Benefit

Accident - Hospital Admission Benefit*:

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

Accident - Hospital Confinement Benefit:

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

Inpatient Rehabilitation Benefit

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

* The Accident – Hospital Admission benefit is payable for the first day of a hospital stay, once a Covered Person has been admitted to a hospital. It may be payable in addition to the Accident - Hospital Confinement Benefit for the first day of hospitalization, if the Covered Person qualifies for payment of both benefits for that day.

OTHER BENEFITS

Health Screening Benefit	\$50
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Lodging Benefit	\$200 per day, up to 31 days per calendar year
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Second Opinion Benefit	\$25
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4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

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

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

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

- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's infection, other than
 - infection occurring in an external wound resulting from an Injury;
- infection resulting from the Covered Person's commission of or attempt to commit a crime;
- food poisoning;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility;
- any claim for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral under § 1-302 of the Health Occupations Article. or
- any of the following outside of the United States, Canada or Mexico:
 - medical treatment;
 - hospital admission or confinement; or
 - inpatient stay in a rehabilitation facility.

6) LIMITATIONS

Benefit Reduction Due to Age

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

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

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

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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

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



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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

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

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$500	\$1,000
Skull fracture – depressed (except bones of face or nose)	\$1,500	\$3,000
Skull fracture – non-depressed (except bones of face or nose)	\$1,000	\$2,000
Lower Jaw, Mandible (except alveolar process)	\$250	\$500
Upper Jaw, Maxilla (except alveolar process)	\$500	\$1,000
Upper Arm between Elbow and Shoulder (humerus)	\$500	\$1,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$250	\$500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$250	\$500
Rib	\$250	\$500
Finger, Toe	\$50	\$100
Vertebrae, Body of (excluding vertebral processes)	\$1,000	\$2,000
Vertebral Processes	\$250	\$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$1,000	\$2,000
Hip, Thigh (femur)	\$1,500	\$3,000
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 2nd Degree Burn	Benefit for 3rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

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

	Benefit
Concussion Benefit	\$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$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	\$100
Physician's Office	\$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:	Benefit
Cognitive behavioral therapy	\$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
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Blood/Plasma/Platelets Benefit	\$300
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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

Accident - Hospital Admission Benefit:

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

Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

Inpatient Rehabilitation Benefit

\$100 per day, up to 15 days per Covered
Person, per Accident but not to exceed 30
days per calendar year

OTHER BENEFITS

Health Screening Benefit	\$50
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Lodging Benefit	\$100 per day, up to 31 days per calendar year
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HIGH PLAN

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

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$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:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

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

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

Medical Appliance Benefit:	Benefit
Brace	\$100
Cane	\$100
Crutches	\$100
Walker – expected use less than 1 year	\$150
Walker – expected use 1 year or longer	\$300
Walking boot	\$100
Wheel chair or motorized scooter – expected use less than 1 year	\$200
Wheel chair or motorized scooter – expected use 1 year or longer	\$1,000
Other medical device used for mobility	\$100

Medical Appliance Benefit Limit:

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

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

Outpatient Ambulatory Surgery Benefit	\$300
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ACCIDENT - HOSPITAL BENEFITS

Accident - Hospital Admission Benefit:

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

Accident - Hospital Confinement Benefit:

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

Inpatient Rehabilitation Benefit

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

OTHER BENEFITS

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

Accident means an act or event:

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

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

Injury means any bodily harm:

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

Sickness means:

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

5) EXCLUSIONS

Applicable to all Accident Benefits:

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

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

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

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

- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit;
- 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.

The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.

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.