



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: Catholic Health Services of Long Island.**

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 your state of residence on the following page: **Alaska, Arkansas, Colorado, Connecticut, Florida, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, or Wyoming.**

OR

- If you do not reside in one of the above listed states, click on the **GROUP POLICY ISSUANCE STATE** on the following page. **The GROUP POLICY ISSUANCE STATE is: NEW YORK**

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

If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit's availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife's toll-free at 1-800-GET-MET8 for further information and any questions you have about this important coverage.

The Outlines of Coverage start on page 3.

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**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

2) Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) Benefits: The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Concussion Benefit	\$500
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000 More than one device: \$1,750
Modification Benefit	\$1,000

Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Functional Loss for Coma Benefit	\$20,000
Functional Loss for Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

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

- the covered person's being under the influence of any:
 - narcotic, unless:
 - administered on the advice of a physician;
 - the covered person being intoxicated;
- suicide, attempted suicide or the covered person's intentionally self-inflicted injury;
- war or act of war, (whether declared or undeclared);
- the covered person's participation in a felony, riot or insurrection;
- the covered person's engagement in an illegal occupation;
- cosmetic Surgery, except when such surgery is performed to:
 - reconstruct a part of the body which was disfigured or removed as a result of an injury;
- the covered person's mental or emotional disorder, alcoholism or drug addiction;
- the covered person's service in the armed forces or any auxiliary unit of the armed forces;
- aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline; [or]
- the covered person's performance of professional aviation duties for wage or profit;

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

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

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

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

-----End of Group Policy Issuance State -----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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- 3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Alaska-----



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Accident Insurance Benefits Summary

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Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
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In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Arkansas-----



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Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year

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The Certificate does not provide 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; or

- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Colorado-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

2) Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) Benefits: The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Home Care Benefit (paid no more than 10 days per accident and 20 days lifetime)	\$25 per day
Accidental Ingestion Outpatient Treatment Benefit: Emergency Room Urgent Care Facility Physician's Office (paid no more than \$500 per accidental ingestion and per calendar year)	\$200 \$200 \$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Accidental Ingestion Confinement Benefit (paid for up to 30 days per ingestion and 30 days per calendar year)	\$50 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs

Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured’s primary residence.

4) Exclusions and limitations:

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

- the voluntary use, of any:
- controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by a physician for the covered person; or
- 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

Participation in a Riot means all forms of public violence, disorder or disturbance of the peace by three or more persons. It does not matter whether:

- there was common intent; or
- there was intent to damage any person or property, or to break the law.

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

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

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

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

-----End of Connecticut-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

2) Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) Benefits: The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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 to carry out the duties and responsibilities of their 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

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

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

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

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

-----End of Florida-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

**ACCIDENT-ONLY COVERAGE
GROUP POLICY FORM NO: GPNP12-AX-fp-3, et al
CERTIFICATE FORM NO: GCERT16-AX-fp-1, et al.**

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200

Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000
	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

- Lodging benefit – the lodging must be at least 50 miles from insured’s primary residence.

4) Exclusions and limitations:

- The Certificate does not provide benefits for any loss for a covered person caused or contributed 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;
- 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 this 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 this Certificate;
- the Covered Person’s alcoholism or drug addiction;
- 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 performance of professional aviation duties for wage or profit;
- if acting in a professional capacity for wage or profit, the covered person or.

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

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

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

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

-----End of Idaho-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

2) Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) Benefits: The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Louisiana-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident Prevention Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 of poison, gas, or fumes;
- with respect to the Accidental Dismemberment/Functional Loss/Paralysis Benefits section of this certificate, the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Minnesota-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Mississippi-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Missouri-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

2) Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) Benefits: The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
 - 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
 - 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
 - 8) **Premiums.** The premium rates for this insurance take into consideration benefit levels, the demographics of the insured group, the applicable industry, and other risk-related rating factors. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

The applicable Premium for you is shown in the enclosed rate sheet.

Please complete the following estimated annual premium information once you have made your coverage selections using the premium rates supplied by us.
(to be completed by applicant)

Estimated annual premium \$_____

At this time there is no trend information regarding premium increases and decreases to disclose.

-----End of Montana-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Nebraska-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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OUTLINE OF COVERAGE

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- 2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- 3) Benefits:** The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

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

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
 - alcohol in combination with any drug, medication, or sedative;
 - the covered person's 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

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- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of North Carolina-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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3) Benefits: The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit (Chip fractures are paid at 25% of the applicable fracture benefit)	A range of \$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit (Partial dislocations are paid at 25% of the applicable dislocation benefit)	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut
Puncture Wound Benefit	\$100
Broken Tooth Benefit	\$125
Eye Injury Benefit	\$325
Accident - Medical Care and Services Benefit	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150

Prosthetic Device Benefit	One device: \$1,000
	More than one device: \$1,750
Modification Benefit	\$1,000
Transfusion Benefit	\$400
Surgery Benefits:	Minor Surgery: \$750 Major Surgery: \$1,500
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit - for a companion of a covered person who is hospitalized (the lodging must be at least 50 miles from insured's primary residence)	\$100 per day

4) Exclusions and limitations:

The Certificate does not provide 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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’s performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of New Hampshire-----

Notice for New Mexico Residents

The following notice is provided in accordance with New Mexico requirements.

The coverage provided under your benefits plan or policy underwritten by Metropolitan Life Insurance Company is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus ") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the testing, diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact beWellnm toll-free at 1-833-862-3935.
3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at 1-855-637-6574 or visit <https://www.yes.state.nm.us/yesnm/home/index>
4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool ") at 1-844-728-7896 or <https://nmmip.org/>". If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at <https://www.cdc.gov/> or <http://cv.nmhealth.org/>.

Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at 1-855-600-3453.



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000 More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400

Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured’s primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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’s performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of New Mexico-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accident Prevention Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of North Dakota-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Ohio-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Oklahoma-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of South Carolina-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

This limited health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits Certificate and is not intended to cover all medical expenses. This plan is not designed to cover the costs of serious or chronic illness.

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200

Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000
	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured’s primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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’s performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

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

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

- 7) Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of South Dakota-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Texas-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 voluntary active 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Utah-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Vermont-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

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

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

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 coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The 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. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY
- 2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses

resulting from a covered accident ONLY, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

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 listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325

Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000 More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.

Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured’s primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

We will not pay benefits for the covered person’s injury due to voluntary use, by any means, of poison, gas or fumes.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.

- 5) When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Washington-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

2) Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3) Benefits: The listing below shows the benefits provided for you. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Wisconsin-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of West Virginia-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK**

ACCIDENT-ONLY-COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

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

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

Accident Insurance Benefits Summary

Accidental Injury Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit*	\$250 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$9,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$20,000
Laceration Benefit	\$100 – \$500 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100
Broken Tooth Benefit	Crown: \$225 Filling: \$100 Extraction: \$125
Eye Injury Benefit	\$325
Accident - Medical Services & Treatment Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$200 Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit (including physical therapy)	\$75
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$125 – \$1,250 depending on the appliance
Transportation Benefit	\$450
Pain Management Benefit	\$150
Prosthetic Device Benefit	One device: \$1,000

	More than one device: \$1,750
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$250 – \$4,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
General Anesthesia Benefit	\$100
Hospital Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident but not to exceed 15 days per calendar year)	\$250 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs
Other Benefits	Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging benefit – the lodging must be at least 50 miles from insured's primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused 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; or
- as provided under the Occupational Exposure to HIV or Hepatitis Benefits.

The Certificate does not provide 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 or as provided under the Occupational Exposure to HIV or Hepatitis Benefits;
- 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 this 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 this 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's performance of professional aviation duties for wage or profit;
- the covered person.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility.
- 5) **When your insurance ends.** Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Wyoming-----