



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

POLICYHOLDER:

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

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

GROUP ACCIDENT INSURANCE

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

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

2) ACCIDENT INSURANCE

Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

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

3) BENEFITS

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

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

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

LOW PLAN

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

ACCIDENT - HOSPITAL BENEFITS

Benefit

Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission
Intensive Care Unit Admission

\$500
\$1000

Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement
Intensive Care Unit Confinement

\$100 per day, up to 365 days per
Covered Person per Accident
\$200 per day, up to 30 days per Covered
Person per Accident

Inpatient Rehabilitation Benefit

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

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission
Intensive Care Unit Admission

\$500
\$1000

Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement
Intensive Care Unit Confinement

\$100 per day, up to 365 days per
Covered Person per Sickness
\$200 per day, up to 30 days per Covered
Person per Sickness

OTHER BENEFITS

Health Screening Benefit

\$50

Lodging Benefit

\$100 per day, up to 30 days per calendar
year

HIGH PLAN

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

ACCIDENT - HOSPITAL BENEFITS

Benefit

Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission
Intensive Care Unit Admission

\$1000
\$2000

Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

Intensive Care Unit Confinement

\$200 per day, up to 365 days per
Covered Person per Accident
\$400 per day, up to 30 days per Covered
Person per Accident

Inpatient Rehabilitation Benefit

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

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission
Intensive Care Unit Admission

\$1000
\$2000

Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

Intensive Care Unit Confinement

\$200 per day, up to 365 days per
Covered Person per Sickness
\$400 per day, up to 30 days per Covered
Person per Sickness

OTHER BENEFITS

Health Screening Benefit

\$100

Lodging Benefit

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

4) DEFINITIONS

Accident means an act or event which:

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

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

Injury means any bodily harm:

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

Sickness means:

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

(Note that for Sickness – Hospital Benefits, routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section are excluded from coverage. See item 5 – “Exclusions” below for details).

5) EXCLUSIONS

Applicable to all Accident Benefits:

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

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

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

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

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

In addition, we will not pay benefits for:

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

Applicable to Sickness – Hospital Benefits:

We will not pay benefits for any Covered Person's Sickness that is 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; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
 - treat a Sickness;
 - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
 - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- 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; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility;
- any hospital admission or confinement outside the United States, Canada or Mexico; or
- routine nursing or well baby care for a newborn child.

6) LIMITATIONS

Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

Preexisting Condition Limitation (Only Applicable to Sickness – Hospital Benefits)

We will not pay any benefits under the Sickness – Hospital Benefits section of the Certificate for Sickness caused by or resulting from a Covered Person's Preexisting Condition if the Sickness occurs during the first 12 months that the Covered Person is insured under the Certificate.

Preexisting Condition means a Sickness for which, in the 12 months before a Covered Person becomes insured under the Certificate, medical advice, treatment or care was sought by the Covered Person, or, was recommended by, prescribed by or received from a physician.

If The Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

9) ADMINISTRATION OF INSURANCE

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

10) PREMIUM

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