



METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")

#### 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 for dependents may vary from the amounts listed. 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	Low Plan Benefits	High Plan Benefits
Fracture Benefit*	\$100 – \$8,000 depending on the fracture and type of repair	\$200 – \$10,000 depending on the fracture and type of repair
Dislocation Benefit*	\$100 – \$8,000 depending on the dislocation and type of repair	\$200 – \$10,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin	\$100 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$250	\$500
Coma Benefit	\$7,500	\$10,000
Laceration Benefit	\$50 – \$400 depending on the length of the cut and type of repair	\$75 – \$700 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$200 Filling \$25 Extraction \$100	Crown \$300 Filling \$50 Extraction \$150
Eye Injury Benefit	\$300	\$400
Accident - Medical Services & Treatment Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit	Ground: \$300 Air: \$1,500	Ground: \$400 Air: \$1,500
Emergency Care Benefit	\$75 – \$150 depending on location of care	\$100 – \$200 depending on location of care
Non-Emergency Initial Care Benefit	\$75	\$100
Physician Follow-Up Visit Benefit	\$75	\$100
Therapy Services Benefit (including physical therapy)	\$35	\$50
Medical Testing Benefit	\$150	\$200
Medical Appliance Benefit	\$75 – \$750 depending on the appliance	\$150 – \$1,000 depending on the appliance
Transportation Benefit	\$300	\$400
Pain Management Benefit	\$75	\$100
Prosthetic Device Benefit	One device: \$750	One device: \$1,000
	More than one device: \$1,500	More than one device: \$2,000
Modification Benefit	\$1,000	\$1,500
Blood/Plasma/Platelets Benefit	\$400	\$500
Surgical Repair Benefit	\$150-\$1,500 depending on the type of surgery	\$200-\$2,000 depending on the type of surgery
Exploratory Surgery Benefit	\$150	\$200
Other Outpatient Surgery Benefit	\$300	\$400

General Anesthesia Benefit	\$150	\$200
<b>Hospital Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Admission Benefit	\$1,000 for the day of admission	\$1,500 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$1,500 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$200 per day	\$300 per day
ICU Supplemental Confinement Benefit  (paid for up to 15 days per accident)	\$200 per day	\$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$150 per day	\$200 per day
<b>Accidental Death Benefit</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Accidental Death Benefit*	\$25,000 \$75,000 for accidental death on common carrier*	\$50,000 \$150,000 for accidental death on common carrier*
<b>Accidental Dismemberment, Functional Loss &amp; Paralysis Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury	\$1,000 – \$40,000 depending on the injury
Paralysis	\$10,000 - \$20,000 depending on the number of limbs	\$20,000 - \$40,000 depending on the number of limbs
<b>Other Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$100 Paid 1 time per calendar year	\$200 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day	\$200 per day
Waiver of Premium Benefit – if you become disabled, premiums will be waived if requirements for waiver are met	Not Included	Not Included

- 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.
- Accidental Death Benefit - Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Accidental Death Benefit - The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Lodging benefit – the lodging must be at least 50 miles from insured’s primary residence.

### Organized Sports Activity Injury Benefit Rider

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident – Medical Treatment and Services, Hospital benefits.

#### **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 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility
- any of the following outside of the United States, Canada or Mexico:
  - any medical or healthcare treatment, services or transportation; or
  - any inpatient admission or stay in any medical or health care 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 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.