

## Covered Benefits – All benefits must relate to injuries sustained in an accident.

LOW PLAN					HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY							
Basic Accidental Death	N/A	\$50,000	\$25,000	\$10,000	\$75,000	\$37,500	\$15,000
Accidental Death Common Carrier		\$150,000	\$75,000	\$30,000	\$225,000	\$112,500	\$45,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	\$1,000	\$1,000	\$1,000	\$1,250	\$1,250	\$1,250
Loss of one arm or one leg		\$15,000	\$15,000	\$15,000	\$20,000	\$20,000	\$20,000
Loss of one hand or one foot		\$15,000	\$15,000	\$15,000	\$20,000	\$20,000	\$20,000
Loss of two or more fingers or toes		\$2,000	\$2,000	\$2,000	\$2,500	\$2,500	\$2,500
Loss of sight in one eye		\$15,000	\$15,000	\$15,000	\$20,000	\$20,000	\$20,000
Loss of hearing in one ear		\$15,000	\$15,000	\$15,000	\$20,000	\$20,000	\$20,000
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of both arms or both legs or one arm and one leg	N/A	\$40,000	\$40,000	\$40,000	\$60,000	\$60,000	\$60,000
Loss of both hands or both feet or one hand and one foot		\$40,000	\$40,000	\$40,000	\$60,000	\$60,000	\$60,000
Loss of sight in both eyes		\$40,000	\$40,000	\$40,000	\$60,000	\$60,000	\$60,000
Loss of hearing in both ears		\$40,000	\$40,000	\$40,000	\$60,000	\$60,000	\$60,000
Loss of ability to speak		\$40,000	\$40,000	\$40,000	\$60,000	\$60,000	\$60,000
Paralysis Benefit							
Two Limbs (paraplegia or hemiplegia)	N/A	\$20,000	\$20,000	\$20,000	\$30,000	\$30,000	\$30,000
Four Limbs (quadriplegia)		\$40,000	\$40,000	\$40,000	\$60,000	\$60,000	\$60,000

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
<b>ACCIDENTAL INJURY BENEFITS CATEGORY</b>			
<b>Fracture Benefit (Closed)</b>			
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$2,000	\$2,500
Skull Fracture - depressed (except bones of face or nose)		\$5,000	\$6,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,500	\$3,000
Lower Jaw, Mandible (except alveolar process)		\$1,000	\$1,500
Upper Jaw, Maxilla (except alveolar process)		\$2,000	\$2,500

Upper Arm between Elbow and Shoulder (humerus)		\$2,000	\$2,500
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,000	\$1,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,000	\$1,500
Rib		\$1,000	\$1,500
Finger, Toe		\$200	\$250
Vertebrae, Body of (excluding vertebral processes)		\$2,000	\$2,500
Vertebral Process		\$750	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,000	\$2,500
Hip, Thigh (femur)		\$5,000	\$6,000
Coccyx		\$750	\$1,000
Leg (tibia and/or fibula)		\$2,000	\$2,500
Kneecap (patella)		\$750	\$1,000
Ankle		\$750	\$1,000
Foot (except toes)		\$750	\$1,000
Chip Fracture		25%	25%
<b>Fracture Benefit (Open)</b>			
Face or Nose (except mandible or maxilla)		\$4,000	\$5,000
Skull Fracture - depressed (except bones of face or nose)		\$10,000	\$12,000
Skull Fracture - non depressed (except bones of face or nose)		\$5,000	\$6,000
Lower Jaw, Mandible (except alveolar process)		\$2,000	\$3,000
Upper Jaw, Maxilla (except alveolar process)		\$4,000	\$5,000
Upper Arm between Elbow and Shoulder (humerus)		\$4,000	\$5,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$2,000	\$3,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$2,000	\$3,000
Rib		\$2,000	\$3,000
Finger, Toe		\$400	\$500
Vertebrae, Body of (excluding vertebral processes)		\$4,000	\$5,000
Vertebral Process		\$1,500	\$2,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$4,000	\$5,000
Hip, Thigh (femur)		\$10,000	\$12,000
Coccyx		\$1,500	\$2,000
Leg (tibia and/or fibula)		\$4,000	\$5,000
Kneecap (patella)		\$1,500	\$2,000

Ankle		\$1,500	\$2,000
Foot (except toes)		\$1,500	\$2,000
Chip Fracture		25%	25%
Dislocation Benefit (Closed)			
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$1,000	\$1,500
Collarbone (sternoclavicular)		\$1,500	\$2,000
Collarbone (acromioclavicular and separation)		\$1,000	\$1,500
Shoulder (glenohumeral)		\$1,000	\$1,500
Rib		\$1,000	\$1,500
Elbow		\$1,000	\$1,500
Wrist		\$1,000	\$1,500
Bone or Bones of the Hand (other than fingers)		\$1,000	\$1,500
Hip		\$5,000	\$6,000
Knee (except patella)		\$2,500	\$3,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,000	\$1,500
One Toe or Finger		\$200	\$250
Partial Dislocation		25%	25%
Dislocation Benefit (Open)			
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$2,000	\$3,000
Collarbone (sternoclavicular)		\$3,000	\$4,000
Collarbone (acromioclavicular and separation)		\$2,000	\$3,000
Shoulder (glenohumeral)		\$2,000	\$3,000
Rib		\$2,000	\$3,000
Elbow		\$2,000	\$3,000
Wrist		\$2,000	\$3,000
Bone or Bones of the Hand (other than fingers)		\$2,000	\$3,000
Hip		\$10,000	\$12,000
Knee (except patella)		\$5,000	\$6,000
Ankle - Bone or bones of the Foot (other than toes)		\$2,000	\$3,000
One Toe or Finger		\$400	\$500
Partial Dislocation		25%	25%
Burn Benefit			
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$100	\$150
2nd Degree 10-25% surface skin burnt		\$200	\$300
2nd Degree 25-35% surface skin burnt		\$750	\$1,000
2nd Degree 35% or more of surface skin burnt		\$1,500	\$2,000
3rd Degree w/ less than 10% of surface skin burnt		\$1,500	\$2,000
3rd Degree 10-25% surface skin burnt		\$2,000	\$3,000

3rd Degree 25-35% surface skin burnt		\$7,500	\$10,000
3rd Degree 35% or more of surface skin burnt		\$15,000	\$17,500
Concussion Benefit			
Concussion	1 time(s) per calendar year	\$500	\$750
Coma Benefit			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$10,000	\$15,000
Laceration Benefit			
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	\$75	\$100
Repaired by stitches but less than 2 inches long		\$125	\$175
Repaired by stitches and 2-6 inches long		\$350	\$400
Repaired by stitches and over 6 inches long		\$700	\$800
Broken Tooth Benefit			
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$300	\$400
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$150	\$200
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$50	\$75
Eye Injury Benefit			
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$500

		<b>LOW PLAN</b>	<b>HIGH PLAN</b>
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>	<b>ALL COVERED PERSONS</b>
<b>MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY</b>			
<b>Ground Ambulance Benefit</b>			
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$500
<b>Air Ambulance Benefit</b>			
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,250	\$1,500
<b>Emergency Care Benefit</b>			
Emergency Room	1 time per accident. Payable	\$200	\$250

Physician's Office	within 90 days after the accident.	\$100	\$125
Urgent Care		\$100	\$125
Medical Testing Benefit			
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$200	\$250
Physician Follow-Up Benefit			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$100	\$125
Transportation Benefit			
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$400	\$500
Therapy Services Benefit			
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$50	\$65
Chiropractic Therapy		\$50	\$65
Cognitive Behavioral Therapy		\$50	\$65
Occupational Therapy		\$50	\$65
Physical Therapy		\$50	\$65
Respiratory therapy		\$50	\$65
Speech Therapy		\$50	\$65
Vocational Therapy		\$50	\$65
Pain Benefit			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$100	\$125
Prosthetic Device Benefit			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,250
More than One Device		\$2,000	\$2,500
Medical Appliance Benefit			
Brace		\$150	\$200
Cane		\$150	\$200
Crutches		\$150	\$200
Walker - expected use < 1yr		\$200	\$250
Walker - expected use >=1 yr		\$400	\$500
Walking Boot		\$150	\$200
Wheel chair or motorized scooter - expected use < 1yr		\$300	\$400
Wheel chair or motorized scooter - expected use >=1yr		\$1,000	\$1,250
Other medical device used for Mobility		\$150	\$200

Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,000	\$1,250
Modification Benefit			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500	\$2,000
Blood/ Plasma/ Platelets Benefit			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$500	\$600
Surgery Benefits			
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$2,000	\$2,500
Surgical Repair – Hernia		\$200	\$250
Surgical Repair – Ruptured Disc		\$1,500	\$2,000
Surgical Repair – Skin Graft (% of Burn Benefit )		50%	50%
Surgical Repair – Torn Cartilage in Knee		\$1,500	\$2,000
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$1,000	\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$2,000	\$2,500
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$2,000	\$2,500
Exploratory Surgery (for any Surgery Benefit procedure)		\$200	\$300
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$500

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY			
Hospital Admission Benefit			
Admission	1 time per accident; Unlimited times per calendar year	\$1,500	\$2,000
ICU Supplemental Admission (paid in addition to Admission)		\$1,500	\$2,000
Hospital Confinement Benefit			
Confinement	365 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$300	\$400
ICU Supplemental Confinement (paid in addition to Confinement)		\$300	\$400
Inpatient Rehabilitation Benefit			
Inpatient Rehabilitation	15 days per accident;	\$200	\$300

	30 days per calendar year		
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		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
<b>OTHER BENEFITS CATEGORY</b>			
Health Screening Benefit	1 time(s) per calendar year	\$50	\$50
Lodging Benefit	15 day(s) per calendar year	\$200	\$300

Notes Regarding Certain Benefits:

- Accidental Death Benefits Category: The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.
- Accidental Death Common Carrier Benefit: "Common Carrier": refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details.
- Lodging Benefit: The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.
- In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.

Please contact MetLife for detailed definitions and state variations of covered benefits.

## Covered Benefits – Highest Plan

All benefits must relate to injuries sustained in an accident. Please contact MetLife for detailed definitions and state variations of covered benefits.

		HIGHEST PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY				
Basic Accidental Death	N/A	\$100,000	\$50,000	\$20,000
Accidental Death Common Carrier		\$300,000	\$150,000	\$60,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY				
Basic Dismemberment/Functional Loss Benefit				
Loss of one finger or one toe	N/A	\$1,250	\$1,250	\$1,250
Loss of one arm or one leg		\$20,000	\$20,000	\$20,000
Loss of one hand or one foot		\$20,000	\$20,000	\$20,000
Loss of two or more fingers or toes		\$2,500	\$2,500	\$2,500
Loss of sight in one eye		\$20,000	\$20,000	\$20,000
Loss of hearing in one ear		\$20,000	\$20,000	\$20,000
Catastrophic Dismemberment/Functional Loss Benefit				
Loss of both arms or both legs or one arm and one leg	N/A	\$60,000	\$60,000	\$60,000
Loss of both hands or both feet or one hand and one foot		\$60,000	\$60,000	\$60,000
Loss of sight in both eyes		\$60,000	\$60,000	\$60,000
Loss of hearing in both ears		\$60,000	\$60,000	\$60,000
Loss of ability to speak		\$60,000	\$60,000	\$60,000
Paralysis Benefit				
Two Limbs (paraplegia or hemiplegia)	N/A	\$30,000	\$30,000	\$30,000
Four Limbs (quadriplegia)		\$60,000	\$60,000	\$60,000

		<b>HIGHEST PLAN</b>
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>
<b>ACCIDENTAL INJURY BENEFITS CATEGORY</b>		
<b>Fracture Benefit (Closed)</b>		
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$2,500
Skull Fracture - depressed (except bones of face or nose)		\$6,000
Skull Fracture - non depressed (except bones of face or nose)		\$3,000
Lower Jaw, Mandible (except alveolar process)		\$1,500
Upper Jaw, Maxilla (except alveolar process)		\$2,500



Upper Arm between Elbow and Shoulder (humerus)		\$2,500
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,500
Rib		\$1,500
Finger, Toe		\$250
Vertebrae, Body of (excluding vertebral processes)		\$2,500
Vertebral Process		\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,500
Hip, Thigh (femur)		\$6,000
Coccyx		\$1,000
Leg (tibia and/or fibula)		\$2,500
Kneecap (patella)		\$1,000
Ankle		\$1,000
Foot (except toes)		\$1,000
Chip Fracture		25%
Fracture Benefit (Open)		
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$5,000
Skull Fracture - depressed (except bones of face or nose)		\$12,000
Skull Fracture - non depressed (except bones of face or nose)		\$6,000
Lower Jaw, Mandible (except alveolar process)		\$3,000
Upper Jaw, Maxilla (except alveolar process)		\$5,000
Upper Arm between Elbow and Shoulder (humerus)		\$5,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$3,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$3,000
Rib		\$3,000
Finger, Toe		\$500
Vertebrae, Body of (excluding vertebral processes)		\$5,000
Vertebral Process		\$2,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$5,000
Hip, Thigh (femur)		\$12,000
Coccyx		\$2,000
Leg (tibia and/or fibula)		\$5,000
Kneecap (patella)		\$2,000

Ankle		\$2,000
Foot (except toes)		\$2,000
Chip Fracture		25%
Dislocation Benefit (Closed)		
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$1,500
Collarbone (sternoclavicular)		\$2,000
Collarbone (acromioclavicular and separation)		\$1,500
Shoulder (glenohumeral)		\$1,500
Rib		\$1,500
Elbow		\$1,500
Wrist		\$1,500
Bone or Bones of the Hand (other than fingers)		\$1,500
Hip		\$6,000
Knee (except patella)		\$3,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,500
One Toe or Finger		\$250
Partial Dislocation		25%
Dislocation Benefit (Open)		
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$3,000
Collarbone (sternoclavicular)		\$4,000
Collarbone (acromioclavicular and separation)		\$3,000
Shoulder (glenohumeral)		\$3,000
Rib		\$3,000
Elbow		\$3,000
Wrist		\$3,000
Bone or Bones of the Hand (other than fingers)		\$3,000
Hip		\$12,000
Knee (except patella)		\$6,000
Ankle - Bone or bones of the Foot (other than toes)		\$3,000
One Toe or Finger		\$500
Partial Dislocation		25%
Burn Benefit		
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$500
2nd Degree 10-25% surface skin burnt		\$1,250
2nd Degree 25-35% surface skin burnt		\$2,500
2nd Degree 35% or more of surface skin burnt		\$5,000
3rd Degree w/ less than 10% of surface skin burnt		\$3,000
3rd Degree 10-25% surface skin burnt		\$6,000

3rd Degree 25-35% surface skin burnt		\$12,500
3rd Degree 35% or more of surface skin burnt		\$25,000
Concussion Benefit		
Concussion	1 time(s) per calendar year	\$1,000
Coma Benefit		
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$20,000
Laceration Benefit		
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	\$100
Repaired by stitches but less than 2 inches long		\$500
Repaired by stitches and 2-6 inches long		\$750
Repaired by stitches and over 6 inches long		\$1,000
Broken Tooth Benefit		
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$750
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$500
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$250
Eye Injury Benefit		
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000

		<b>HIGHEST PLAN</b>
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>
<b>MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY</b>		
<b>Ground Ambulance Benefit</b>		
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$750
<b>Air Ambulance Benefit</b>		
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$2,500
<b>Emergency Care Benefit</b>		
Emergency Room	1 time per accident. Payable within 90 days after the accident.	\$500
Physician's Office		\$250

Urgent Care		\$250
Medical Testing Benefit		
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$250
Physician Follow-Up Benefit		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$250
Transportation Benefit		
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$750
Therapy Services Benefit		
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$75
Chiropractic Therapy		\$75
Cognitive Behavioral Therapy		\$75
Occupational Therapy		\$75
Physical Therapy		\$75
Respiratory therapy		\$75
Speech Therapy		\$75
Vocational Therapy		\$75
Pain Benefit		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$250
Prosthetic Device Benefit		
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
More than One Device		\$3,000
Medical Appliance Benefit		
Brace		\$200
Cane		\$200
Crutches		\$200
Walker - expected use < 1yr		\$250
Walker - expected use >=1 yr		\$500
Walking Boot		\$200
Wheel chair or motorized scooter - expected use < 1yr		\$400
Wheel chair or motorized scooter - expected use >=1yr		\$1,250
Other medical device used for Mobility		\$200
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,250

Modification Benefit		
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$2,000
Blood/ Plasma/ Platelets Benefit		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$600
Surgery Benefits		
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$2,500
Surgical Repair – Hernia		\$250
Surgical Repair – Ruptured Disc		\$2,000
Surgical Repair – Skin Graft (% of Burn Benefit )		50%
Surgical Repair – Torn Cartilage in Knee		\$2,000
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$2,500
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$2,500
Exploratory Surgery (for any Surgery Benefit procedure)		\$300
Other Outpatient Surgery Benefit		
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$500

		HIGHEST PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY		
Hospital Admission Benefit		
Admission	1 time per accident; Unlimited times per calendar year	\$2,500
ICU Supplemental Admission (paid in addition to Admission)		\$2,500
Hospital Confinement Benefit		
Confinement	365 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$500
ICU Supplemental Confinement (paid in addition to Confinement)		\$500
Inpatient Rehabilitation Benefit		
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$500

		HIGHEST PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
OTHER BENEFITS CATEGORY		
Health Screening Benefit	1 time(s) per calendar year	\$50
Lodging Benefit	15 day(s) per calendar year	\$500

Other Benefits	
<b>Health Screening Benefit</b>	<p>Paid one time per calendar year.</p> <p>The screening/prevention measures for which a Health Screening Benefit may be paid are: routine health check-up exam; biopsies for cancer; blood chemistry panel; blood test to determine total cholesterol; blood test to determine triglycerides; bone marrow testing; breast MRI; breast ultrasound; breast sonogram; cancer antigen 15-3 blood test for breast cancer (CA 15-3); cancer antigen 125 blood test for ovarian cancer (CA 125); carcinoembryonic antigen blood test for colon cancer (CEA); carotid doppler; chest x-rays; clinical testicular exam; colonoscopy; complete blood count (CBC); coronavirus testing; dental exam; digital rectal exam (DRE); Doppler screening for cancer; Doppler screening for peripheral vascular disease; echocardiogram; electrocardiogram (EKG); electroencephalogram (EEG); endoscopy; eye exam; fasting blood glucose test; fasting plasma glucose test; flexible sigmoidoscopy; hearing test; hemoccult stool specimen; hemoglobin A1C; human papillomavirus (HPV) vaccination; immunization; lipid panel; mammogram; oral cancer screening; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; serum protein electrophoresis; skin cancer biopsy; skin cancer screening; skin exam; stress test on bicycle or treadmill; successful completion of smoking cessation program; tests for sexually transmitted infections (STIs); thermography; two hour post-load plasma glucose test; ultrasounds for cancer detection; ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or virtual colonoscopy.</p> <p>The Health Screening Benefit is referred to as the Accident Prevention Screening Benefit in some states. 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 the group insurance policy. This does not impact the Health Screening Benefit's availability to your employees, total cost to you or your employees, or the way in which employees access the service. Your total cost reflects the fee for the service and there is no administrative or contractual impact to you.</p>

Connected Benefits	
<b>MetLife Disability</b>	<p>MetLife will proactively notify employees and may auto-adjudicate certain medical conditions when benefits may be available under MetLife Accident &amp; Health Insurance coverages – which includes Accident, as well as Cancer, Critical Illness, or Hospital Indemnity insurance if an employee also has those coverages – after filing a MetLife Group Disability claim if the employee has MetLife Group Disability Insurance. Added at no additional cost to you or your employees.</p>

MetLife Advantages <sup>SM</sup>	
<b>MetLife Advantages<sup>SM</sup> – Services or Discounts</b> added at no additional cost to you or your employees	<p>Digital Estate Planning<sup>1</sup></p> <p>As an added benefit your employees will have access to online will preparation services provided by MetLife Legal Plans to create a will, living will or a power of</p>

	<p>attorney.</p> <p>MetLife VisionAccess<sup>2</sup></p> <p>As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.</p>
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### **MetLife Advantages<sup>SM</sup> Disclaimers**

MetLife Advantages<sup>SM</sup> availability varies by state.

<sup>1</sup>Digital Estate Planning without online notary is available to all individuals regardless of any MetLife relationship or product. It is not available for customers situated in or individuals residing in GU, PR and VI. Domestic partnerships are not currently supported. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

<sup>2</sup>MetLife VisionAccess is a discount program and not an insured benefit. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. MetLife Vision Access is available to anyone regardless of affiliation with MetLife.



## GROUP ACCIDENT INSURANCE EXCLUSIONS & LIMITATIONS

### PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: 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, and Wyoming. The aforementioned list of states and the state variations noted below are subject to change prior to the plan enrollment period. Please contact your MetLife representative for details.

### How to read this section:

Applicable state variations are noted in *italics* under each bolded item.

**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:**

*CT and NY: paragraph including all bullets and sub-bullets deleted*

*ID: paragraph modified to "We will not pay benefits for any loss for a Covered Person caused or contributed to by:" All bullets and sub-bullets are deleted*

*NH: "care" added after "diagnosis" and before "or"*

- **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**

*WA: New bullet: "We will not pay benefits for the Covered Person's voluntary use, by any means, of poison, gas or fumes."*

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

*IL: "or contributed to" deleted*

*ID: paragraph, bullet, and all 5 sub-bullets below deleted*

- **the Covered Person's voluntary use, by any means, of:**

*CT: bullet and all 5 sub-bullets deleted and replaced with the following: "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 the Covered Person's Physician for the Covered Person;"*

*MD and WA: bullet and all 5 sub-bullets deleted*

*MN: bullet revised to read "the Covered Person's voluntary use of any narcotic, unless it is taken or used as prescribed by a physician;" and the following 4 sub-bullets are deleted*

*NJ: bullet and all 5 sub-bullets deleted and replaced with the following:*

- *"the Covered Person's voluntary use, by any means, of poison, gas or fumes;*
- *the Covered Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a physician;"*

*NV: bullet revised to "the Covered Person's commission of or attempt to commit a felony at the time of the Accident, which involves the voluntary use, by any means, of:"*

NY: bullet and all 5 sub-bullets deleted and replaced with the following:

- “the Covered Person being under the influence of any narcotic, unless administered on the advice of a physician;
- the Covered Person being intoxicated;”

SD: bullet and all 5 sub-bullets below deleted

VT: add “and felonious” after “voluntary” and before “use”

- **any drug, medication or sedative, unless it is:**

CA: bullet and 2 sub-bullets deleted

PA: “drug, medication or sedative” deleted and replaced with “intoxicant or narcotic”

- **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**

AL: the following is added after “sedative”: “if label instructions for such drug, medication or sedative state that it cannot be taken safely in combination with alcohol.”

CA: bullet deleted

PA: “drug, medication or sedative” deleted and replaced with “narcotic”

- **poison, gas, or fumes;**

MN: bullet revised to “the Covered Person’s voluntary use of poison, gas or fumes”

NC: bullet revised to “the Covered Person’s voluntary inhalation of gas or fumes or voluntary taking of poison;”

PA: bullet deleted

TN: bullet revised to “the Covered Person’s intentional ingestion of poison, or intentional inhalation of gas or fumes;”

- **the Covered Person’s suicide or attempted suicide (while sane or insane);**

CO, MO and VT: “or insane” deleted

MN: bullet deleted

NY: bullet revised to “the Covered Person’s suicide, attempted suicide or intentionally self-inflicted Injury;”

- **the Covered Person’s intentionally self-inflicted injury;**

MN: bullet deleted

NY: bullet deleted – incorporated into the bullet above

MI: New bullet: “the Covered Person’s commission of or attempt to commit a felony or to which a contributing cause was the Covered Person’s being engaged in an illegal occupation or other willful criminal activity;”

- **war, whether declared or undeclared; or act of war;**

NC: bullet revised to add the following at the end: “(the term ‘war’ does not include terrorist acts);”

NY: bullet revised to “war, or act of war (whether declared or undeclared);”

OK: bullet revised to add the following at the end: “- 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;**

ID: “rebellion” and “terrorist act” deleted

MD: bullet deleted

MI: the following is added to the end of the bullet “if such participation constitutes the commission of a felony or other willful criminal activity;”

NY: bullet revised to “the Covered Person’s participation in a felony, riot or insurrection;”

UT: “voluntary” added after “active” and before “participation”

- **the Covered Person’s engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;**

CA: bullet deleted

ID: bullet changed to “the Covered Person’s participation in a felony;”

MD: bullet deleted

MI: bullet deleted – incorporated into a new bullet above

NJ: bullet changed to “the Covered Person’s commission of or attempt to commit a felony or to which a contributing cause was the Covered Person’s engagement in an illegal occupation;”

NY: bullet changed to “the Covered Person’s engagement in an illegal occupation;”

UT: “engagement” deleted and replaced with “active participation”

- **the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;**

CA: “that results directly from an Accident” added after “Injury”

ID and NY: bullet deleted

NH: “an external wound” is changed to “a wound”

- **food poisoning;**

ID, NY and UT: bullet deleted

- **the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:**

ID, MD, NY, SD and WA: bullet and two sub-bullets deleted

NV: inserted after “Person’s” and before “operation”: “commission of or attempt to commit a felony at the time of the Accident, which involves the”

- **intoxicated means that the Insured’s blood alcohol level met or exceeded .08%; and**

IL: Bullet revised to: “intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the Insured’s blood alcohol level meets or exceeds .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;**

KY: “including, but not limited to: an automobile; a boat, a motorcycle; a truck; an all terrain vehicle; or a snow mobile” deleted

- **dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:**

ID: bullet revised to read “dental care or treatment or cosmetic Surgery, except when such Surgery is performed to:” and the sub-bullets remain unchanged

NY: bullet revised to “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;”

- **treat an Injury;**

CA: “that results directly from an Accident” added after “Injury”

NH: bullet changed to “treat or provide care for an Injury;”

*NY: bullet deleted*

- **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**

*CA: "that results directly from an Accident" added after "Injury"*

*NY: bullet deleted*

- **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;**

*CA: "that results directly from an Accident" added after "Injury"*

*NY: bullet deleted*

*ID: New bullet added "the Covered Person's alcoholism or drug addiction;"*

- **the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:**

*ID: bullet revised to "the Covered Person's mental or emotional disorders or treatment of such mental or emotional disorders except for the Covered Person's use of:"*

*MN, SD and VT: bullet and two sub-bullets deleted*

*NH: "care" added after "diagnosis" and before "or"*

*NY: bullet revised to "the Covered Person's mental or emotional disorder, alcoholism or drug addiction;"*

- **any drug, medication or sedative that is taken or used as prescribed by a Physician; or**

*NY: bullet deleted*

- **an "over the counter" drug, medication or sedative taken as directed;**

*NY: bullet deleted*

- **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;**

*FL: "Covered Person's" deleted and replaced by "Covered Person to carry out the duties and responsibilities of their"*

*NY: bullet revised to "the Covered Person's service in the armed forces or any auxiliary unit of the armed forces;"*

- **the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;**

*NY: bullet revised to "aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;"*

- **the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;**

*ID: "semi-professional or" deleted*

*NY and SD: bullet deleted*

**In addition, We will not pay benefits for:**

*NY: this paragraph, including all of the bullets and sub-bullets, is replaced with the following: "In addition, we will not pay benefits for services or treatment received outside of the United States, Canada or Mexico."*

- **a Covered Person while incarcerated in any type of penal or detention facility;**

*ID, LA, and MO: bullet deleted*

*MD: an additional bullet is added which reads “any claim for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral under § 1-302 of the Health Occupations Article,”*

*(CA: the following two exclusions are added:)*

***Intoxicants and Controlled Substances***

*We will not be liable for any loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any controlled substance, unless administered on the advice of a Physician.*

***Illegal Occupation or Commission of a Felony***

*We will not be liable for any loss for a Covered Person to which a contributing cause was:*

- *the Covered Person’s commission of or attempt to commit a felony; or*
- *such Covered Person being engaged in an illegal occupation.*

*(CT: The following definition is added:)*

***“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.*