

Group Accident Benefits

MetLife is pleased to offer you an opportunity for financial protection through our Group Accident Insurance as part of our robust portfolio of voluntary products. Accident Insurance provides features that could be valuable to your employees, including:

- ✓ Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes.¹
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary;
- ✓ Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns.²

MetLife Accident Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

The following section describes assumptions, specific program design, and rates being proposed for this group customer.

Proposal Assumptions	
Employee Eligibility	<ul style="list-style-type: none"> • Employees will be subject to an actively at work requirement. MN and VT residents are subject to a medical coverage requirement. • Must be a resident of the United States. • An employee must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage. • Child(ren) are eligible for coverage from birth to age 26. Spouses / domestic partners and dependent child(ren) must not be subject to any medical restrictions as set forth on the enrollment form and in the Certificate. Coverage for Domestic Partners varies by state. The definitions of Domestic Partner and Children vary by state. • Mentally or physically handicapped children who are enrolled in the plan, and subsequently reach the Dependent Age Limit, may remain enrolled subject to the terms of the certificate. Dependent Children who have reached the Dependent Age Limit as of initial enrollment are not eligible to enroll. • Retirees are not eligible to enroll. • VT residents are required to be eligible for coverage if they work at least 17.5 hours a week. NH residents are required to be eligible for coverage if they work at least 15 hours a week. • The demographics and details of potential covered insureds living and working outside the United States should be discussed with your MetLife representative. This product has contractual exclusions and limitation on claims events that occur overseas.
Contributions	100% Employee Paid

¹ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

² Discounts or services may not be available in all states.

Plan Design	
Coverage Type	Off-Job-Only Coverage
Benefit Amount	Employees will select a single plan of coverage on a Guaranteed Issue basis.
Underwriting Offer	Guaranteed Issue ¹ Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.
Benefit Reduction Due to Age	Not Included.
Portability (Continuation of Insurance with Premium Payment)²	“Portability” is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class or, unless they become eligible for similar coverage, if the group policy ends) may continue their coverage on a MetLife direct-billed basis.

¹ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

² Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

Rate Information					
Rate Structure	Composite Rates				
Rate Guarantee period	3 years, subsequent years' rates subject to change. If Preferred Enrollment conditions are met, the rate guarantee is extended by one additional year.				
Policy and Rate Changes	<p>Policy Premiums are due on the first day of each month. This quote assumes a premium payment grace period of 31 days.</p> <p>MetLife reserves the right to change its rates for any of the following reasons:</p> <ul style="list-style-type: none"> • The composition of the group, employees, dependents or the Accident insurance volume has changed 10% or more from the date when quoted. • Any of the plan designs are changed. • A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan. 				
Supplemental Fees	None				
Minimum Participation Requirements	<table border="1" style="width: 100%;"> <tr> <td>Product / Eligible Population</td> <td>100 - 4,999 Lives</td> </tr> <tr> <td>Accident</td> <td>5%</td> </tr> </table> <p><i>Minimum participation requirements are waived if Preferred Enrollment conditions apply. See Enrollment Method under the Proposal Assumptions section above.</i></p>	Product / Eligible Population	100 - 4,999 Lives	Accident	5%
Product / Eligible Population	100 - 4,999 Lives				
Accident	5%				

Proposed Rates – High Plan

Type	Monthly (12)
Employee Only	\$13.27
Employee + Spouse	\$26.11
Employee + Children	\$31.33
Employee + Spouse and Children	\$37.00

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

HIGH PLAN				
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY				
Basic Accidental Death	N/A	\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier		\$150,000	\$75,000	\$30,000
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
Loss of one arm or one leg		\$15,000	\$15,000	\$15,000
Loss of one hand or one foot		\$15,000	\$15,000	\$15,000
Loss of two or more fingers or toes		\$2,000	\$2,000	\$2,000
Loss of sight in one eye		\$15,000	\$15,000	\$15,000
Loss of hearing in one ear		\$15,000	\$15,000	\$15,000
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
Loss of both hands or both feet or one hand and one foot		\$40,000	\$40,000	\$40,000
Loss of sight in both eyes		\$40,000	\$40,000	\$40,000
Loss of hearing in both ears		\$40,000	\$40,000	\$40,000
Loss of ability to speak		\$40,000	\$40,000	\$40,000
Paralysis Benefit				
Two Limbs (paraplegia or hemiplegia)	N/A	\$10,000	\$10,000	\$10,000
Four Limbs (quadriplegia)		\$20,000	\$20,000	\$20,000

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENTAL INJURY BENEFITS CATEGORY		
Fracture Benefit (Closed)		
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.	\$1,400
Skull Fracture - depressed (except bones of face or nose)		\$5,000
Skull Fracture - non depressed (except bones of face or nose)		\$5,000
Lower Jaw, Mandible (except alveolar process)		\$2,000
Upper Jaw, Maxilla (except alveolar process)		\$1,750
Upper Arm between Elbow and Shoulder (humerus)		\$2,750
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$2,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$2,000
Rib		\$600
Finger, Toe		\$400
Vertebrae, Body of (excluding vertebral processes)		\$4,200
Vertebral Process		\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$4,000
Hip, Thigh (femur)		\$4,000
Coccyx		\$500
Leg (tibia and/or fibula)		\$2,800
Kneecap (patella)		\$2,500
Ankle		\$2,000
Foot (except toes)	\$2,500	
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.	\$2,800
Skull Fracture - depressed (except bones of face or nose)		\$10,000
Skull Fracture - non depressed (except bones of face or nose)		\$10,000
Lower Jaw, Mandible (except alveolar process)		\$4,000
Upper Jaw, Maxilla (except alveolar process)		\$3,500
Upper Arm between Elbow and Shoulder (humerus)		\$5,500
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$5,000

Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$4,000
Rib		\$1,200
Finger, Toe		\$800
Vertebrae, Body of (excluding vertebral processes)		\$8,400
Vertebral Process		\$1,500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$8,000
Hip, Thigh (femur)		\$8,000
Coccyx		\$1,000
Leg (tibia and/or fibula)		\$5,600
Kneecap (patella)		\$5,000
Ankle		\$4,000
Foot (except toes)		\$5,000
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)		\$1,500
Collarbone (acromioclavicular and separation)		\$1,500
Shoulder (glenohumeral)		\$2,200
Rib		\$1,000
Elbow		\$1,500
Wrist		\$1,500
Bone or Bones of the Hand (other than fingers)		\$1,500
Hip		\$4,000
Knee (except patella)		\$3,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,800
One Toe or Finger		\$350
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)		\$3,000
Collarbone (acromioclavicular and separation)		\$3,000
Shoulder (glenohumeral)		\$4,400
Rib		\$2,000
Elbow		\$3,000
Wrist		\$3,000
Bone or Bones of the Hand (other than fingers)		\$3,000
Hip		\$8,000

Knee (except patella)		\$6,000
Ankle - Bone or bones of the Foot (other than toes)		\$3,600
One Toe or Finger		\$700
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	\$100
2nd Degree 10-25% surface skin burnt		\$200
2nd Degree 25-35% surface skin burnt		\$750
2nd Degree 35% or more of surface skin burnt		\$1,500
3rd Degree w/ less than 10% of surface skin burnt		\$1,500
3rd Degree 10-25% surface skin burnt		\$2,000
3rd Degree 25-35% surface skin burnt		\$7,500
3rd Degree 35% or more of surface skin burnt		\$15,000
Concussion Benefit		
Concussion	1 time(s) per calendar year	\$500
Coma Benefit		
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$10,000
Laceration Benefit		
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$75
Repaired by stiches but less than 2 inches long		\$125
Repaired by stiches and 2-6 inches long		\$350
Repaired by stiches and over 6 inches long		\$700
Broken Tooth Benefit		
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$400
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$200
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$75
Eye Injury Benefit		
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$400

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY		
Ground Ambulance Benefit		
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$400
Air Ambulance Benefit		
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
Emergency Care Benefit		
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$250
Physician's Office		\$150
Urgent Care		\$250
Non-Emergency Initial Care Benefit		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$100
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	\$300
Physician Follow-Up Benefit		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$100
Transportation Benefit		
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$50
Therapy Services Benefit		
Cognitive Behavioral Therapy	10 time(s) per accident; Unlimited time(s) per calendar year	\$50
Occupational Therapy		\$50
Physical Therapy		\$50
Respiratory therapy		\$50
Speech Therapy		\$50
Vocational Therapy		\$50
Pain Benefit		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$100
Prosthetic Device Benefit		
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,250
More than One Device		\$2,500

Medical Appliance Benefit		
Brace		\$150
Cane		\$150
Crutches		\$150
Walker - expected use < 1yr		\$200
Walker - expected use >=1 yr		\$400
Walking Boot		\$150
Wheel chair or motorized scooter - expected use < 1yr		\$300
Wheel chair or motorized scooter - expected use >=1yr		\$1,000
Other medical device used for Mobility		\$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,000
Modification Benefit		
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
Blood/ Plasma/ Platelets Benefit		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$600
Surgery Benefits		
Surgical Repair – Cranial		\$2,000
Surgical Repair – Hernia		\$250
Surgical Repair – Ruptured Disc		\$1,500
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 time(s) per accident; Unlimited time(s) per calendar year	\$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	\$300

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY		
Hospital Admission Benefit		
Admission	1 time per accident; Unlimited times per calendar year	\$1,000
ICU Supplemental Admission (paid in addition to Admission)		\$1,000
Hospital Confinement Benefit		
Confinement	31 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 31 of those days.	\$300
ICU Supplemental Confinement (paid in addition to Confinement)		\$500
Inpatient Rehabilitation Benefit		
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$200

		HIGH 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	\$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.

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

Other Benefits	
Health Screening Benefit	<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</p>

Health Screening Benefit Continued	<p>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>
Organized Sports Activity Injury Benefit Rider	<p>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.</p> <p>The Organized Sports Activity Injury Benefit Rider is pending regulatory approval in some states.</p>

Healthcare Navigation Services

Healthcare Navigation Services – added at no additional cost to you or your employees	<p>As an added benefit your employees will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.</p>
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MetLife AdvantagesSM

MetLife AdvantagesSM – Services or Discounts added at no additional cost to you or your employees	<p>Will Preparation Services¹</p> <p>As an added benefit your employees will have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.</p> <p>MetLife VisionAccess²</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 AdvantagesSM Disclaimers

MetLife AdvantagesSM availability varies by state.

¹WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.

²MetLife 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 parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;**

ID: “If acting in a professional capacity,” added at the beginning of the bullet

NY: bullet deleted

- **the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;**
ID, NY and OR: bullet deleted
MN: “in a professional capacity in” added after “driving” and before “any”
- **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
- **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.**
ID: bullet revised to “if acting in a professional capacity, the Covered Person hang gliding, para-kiting, or sail-gliding.”
NY and OR: bullet deleted

NY: New bullet included only when coverage is off-job only – “the Covered Person’s job related or on the job Injury, to the extent that the Covered Person is eligible for, or compensated by, any state or federal workers’ compensation, employers’ liability or occupational disease law for such Injury.”

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;”
 - **any of the following outside of the United States, Canada or Mexico:**
 - **any medical or healthcare treatment, services or transportation described in the Accident – Medical Treatment & Services Benefits section of this Certificate;**
- NH: add “care” after “medical” and before “or healthcare treatment”. Replace “Medical Treatment & Services” with “Medical Care & Services”*
- **any inpatient admission or stay in any medical or health care facility.**

(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.*

General Disclaimer:

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There are benefit reductions that begin at age 65, if applicable. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

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