

ACCIDENT PLAN 2



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

NOTICE

Notice Effective Date: **The later of June 1, 2024 or the date that applies to the insured's Certificate as shown in the insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife**

Please read this notice carefully with your coverage documents. It describes administrative changes to certain requirements in order for benefits to be payable for the benefits listed below under your Certificate of Accident Insurance. An administrative change to a specific benefit described below only applies to your coverage if the benefit is included in your Certificate.

Concussion Benefit:

The timeframe for how long after an Accident, an Injury must be diagnosed by a Physician as a concussion, is increased to 365 days (1 year).

Broken Tooth Benefit:

We will not apply any restriction that: "No benefit will be payable for an Injury to a tooth that is not a sound, natural tooth".

Therapy Services Benefit:

The timeframe for how long after an Accident, Therapy Services must be provided, is increased to 730 days (2 years).

Surgery Benefits:

The timeframe for how long after an Accident, a Covered Surgery must be performed by a Physician, is increased to 730 days (2 years).

Outpatient Surgery Benefit:

The timeframe for how long after an Accident, Outpatient Surgery must be performed by a Physician in an Outpatient Surgery Facility, is increased to 730 days (2 years).

General Anesthesia Benefit:

The above increased timeframe of 730 days (2 years) also applies to the General Anesthesia Benefit when General Anesthesia is administered during a Surgery for which a benefit is payable under Your Certificate.

Your coverage continues to be subject to all Proof requirements, and to all other conditions, maximums, limitations, and exclusions provided in your coverage documents.



Metropolitan Life Insurance Company
New York, New York

BUILDING BENEFIT CERTIFICATE RIDER

Group Policy No.: 0119920
Policyholder: ADP TotalSource, Inc.
Rider Effective Date: THE LATER OF JUNE 1, 2024 OR THE EFFECTIVE DATE OF YOUR CERTIFICATE
Building Benefit Effective Date: THE LATER OF JUNE 1, 2024 OR THE EFFECTIVE DATE OF YOUR CERTIFICATE

Your Certificate of Accident Insurance is changed to add the Building Benefit set forth below to the Schedule of Insurance ("Schedule").

BUILDING BENEFIT

Once Accident Insurance coverage that includes this Building Benefit has been continuously in effect for You for the period of time listed under the Increase Vesting Date column in the chart below, benefit amounts on the Schedule will increase for You and Your Dependents by the corresponding Building Benefit Increase percentage.

Building Benefit Effective Date means the date on which You begin to accrue time towards the Increase Vesting Date.

Increase Vesting Date means the date on which an increase will take effect, and such date will always occur on the same day of the month as the Building Benefit Effective Date.

Increase Vesting Date	Building Benefit Increase
13 months after the Building Benefit Effective Date	5%
37 months after the Building Benefit Effective Date	10%
61 months after the Building Benefit Effective Date	15%

Building Benefit Requirements

The following requirements apply to the Building Benefit:

- Benefits payable for an Accident, including benefits for Injuries, services or treatments that result from that Accident, will be determined based on the Schedule, including any Building Benefit Increase, that was in effect on the date of the Accident.
- A Building Benefit Increase will not apply to an Accident that occurred before the date that the increase took effect, including any Injuries, services and treatments that result from such Accident, regardless of the date such Injuries, services and treatments occur.
- Building Benefit Increases do not apply to the Health Screening Benefit.

- When a new Increase Vesting Date is reached and a new Building Benefit Increase takes effect, any prior Building Benefit Increase will not be considered in determining:
 - benefits resulting from an Accident that occurs on or after the date of the new Increase Vesting Date.
- If a Building Benefit Increase takes effect:
 - such increase will be added to a benefit payable under the Certificate before any additional increase is applied to such benefit under the Organized Sports Activity Injury Benefit Rider; however,
 - the percentage set forth in, and used to calculate increases under, the Organized Sports Activity Injury Benefit Rider will not change due to a Building Benefit Increase.

WHEN THIS RIDER ENDS

This Rider will end if insurance under the Certificate ends in accordance with the When Insurance Ends provision of the Certificate; however, this Rider will continue if Your insurance is continued under the Continuation of Insurance section of the Certificate.

**For information about coverage or assistance in resolving complaints
Contact Us at 1-800-GET-MET8**

This Certificate Rider is to be attached to and made a part of Your Certificate.



Michel Khalaf
President and Chief Executive Officer



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

Certificate Rider

Group Policy No.: 0119920

Policyholder: ADP TotalSource, Inc.

Rider Effective Date: The later of June 1, 2024 or the date that applies to the insured's Certificate as shown in the insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife.

Your Certificate is changed as follows:

The following notices are added to the Notices section of Your Certificate:

**NOTICES
GROUP ACCIDENT INSURANCE**

THERE MAY BE DIFFERENCES IN BENEFITS, ELIGIBILITY REQUIREMENTS, LIMITATIONS OR EXCLUSIONS THAT APPLY BASED ON STATE REQUIREMENTS FOR THE STATE IN WHICH YOU RESIDE ON THE INITIAL DATE OF YOUR COVERAGE.

PLEASE READ ANY NOTICE(S) THAT FOLLOW BELOW CAREFULLY. ANY SUCH NOTICE(S) PROVIDE REQUIRED DISCLOSURES AND INFORMATION ABOUT SIGNIFICANT STATE REQUIREMENTS.

PLEASE CONTACT US WITH QUESTIONS OR FOR ADDITIONAL INFORMATION.

ARKANSAS NOTICE:

IMPORTANT NOTICE

IF YOU HAVE A QUESTION CONCERNING YOUR COVERAGE OR A CLAIM, FIRST CONTACT YOUR GROUP EMPLOYER OR GROUP ACCOUNT ADMINISTRATOR. IF, AFTER DOING SO, YOU STILL HAVE A CONCERN, YOU MAY CALL METLIFE'S TOLL-FREE TELEPHONE NUMBER: 1-800-GET-MET8

IF YOU ARE STILL CONCERNED AFTER CONTACTING BOTH YOUR GROUP EMPLOYER AND METLIFE, YOU SHOULD FEEL FREE TO CONTACT:

**ARKANSAS INSURANCE DEPARTMENT
1 COMMERCE WAY, SUITE 102
LITTLE ROCK, ARKANSAS 72202
(800) 852-5494 or (501) 371-2640**

YOU HAVE THE RIGHT TO FILE A COMPLAINT WITH THE ARKANSAS INSURANCE DEPARTMENT (AID).

**YOU MAY CALL AID TO REQUEST A COMPLAINT FORM AT
(800) 852-5494 or (501) 371-2640**

COLORADO NOTICES:

THIS IS A LIMITED HEALTH BENEFIT COVERAGE POLICY AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

THE LODGING BENEFIT, INCLUDED UNDER THE OTHER BENEFITS SECTION OF YOUR CERTIFICATE, IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, COLORADO RESIDENTS.

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

CONTACT US

If You have questions about Your insurance coverage You may contact MetLife at 1-800-GET-MET8.

MetLife Toll Free Number(s):

For Claim Information	1-800-GET-MET8
For General Information	1-800-GET-MET8

To make a complaint to MetLife, You may Write to:

Metropolitan Life Insurance Company
Attn: Consumer Relations Department
700 Quaker Lane, 2nd Floor
Warwick, Rhode Island 02886

Or call MetLife at 1-800-GET MET8 or 1-800-438-6388.

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, COLORADO RESIDENTS.

CONNECTICUT NOTICES:

This is an Accident only policy and it does not pay benefits for loss from Sickness.

This Certificate does not replace or otherwise effect any statutorily required workers' compensation insurance required to be provided to You by law.

COVERAGE FOR RESIDENTS OF CONNECTICUT INCLUDES THE FOLLOWING BENEFITS DESCRIBED IN THE OUTLINE OF COVERAGE:

- **ACCIDENTAL INGESTION OUTPATIENT TREATMENT BENEFIT**
- **ACCIDENTAL INGESTION CONFINEMENT BENEFIT**
- **HOME CARE BENEFIT**

IDAHO NOTICES:

Notice to Buyer: This is an Accident-only Certificate and it does not pay benefits for loss from Sickness. Review Your Certificate carefully.

Notice to Buyer: This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

30-Day Right to Examine Certificate. Please read this Certificate carefully. If You are not satisfied for any reason, You may return this Certificate to Us within 30 days from the date You receive it. If You return it within the 30 day period, this Certificate will be void from the beginning. We will refund any premium or Contribution paid within 30 days after We receive the returned Certificate.

You may contact the Idaho Department of Insurance at:

Idaho Department of Insurance
Consumer Affairs
700 W State Street, 3rd Floor
PO Box 83720

Boise, ID 83720-0043
1-800-721-3272 or 208-334-4250
www.DOI.Idaho.gov

LOUISIANA NOTICE:

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, LOUISIANA RESIDENTS.

MINNESOTA NOTICE:

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, MINNESOTA RESIDENTS.

MISSOURI NOTICE:

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR , AND DOES NOT APPLY TO, MISSOURI RESIDENTS.

NEBRASKA NOTICE:

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, NEBRASKA RESIDENTS.

NEW HAMPSHIRE NOTICES:

THIS IS A LIMITED CERTIFICATE – READ IT CAREFULLY

THIS CERTIFICATE DOES NOT INSURE AGAINST LOSS RESULTING FROM SICKNESS.

Notice to Buyer: This is an Accident-only Certificate and it does not pay benefits for loss from Sickness. Review this Certificate carefully. This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

Notice to Buyer: This is an ancillary health Certificate. This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

30-Day Right to Examine Certificate. Please read this Certificate carefully. If You are not satisfied for any reason, You may notify Us that You are cancelling Your Certificate within 30 days from the date of delivery by calling Us at the number set forth in the Certificate. If You notify Us that You are cancelling within the 30 day period, this Certificate will be void from the beginning. We will refund any premium or Contribution paid within 30 days after We receive Your notice of cancellation.

This Certificate does not provide comprehensive health insurance coverage. It is not intended to satisfy the individual mandate of the Affordable Care Act (ACA) or provide the minimum essential coverage required by the ACA (often referred to as "Major Medical Coverage"). It does not provide coverage for hospital, medical, surgical, or major medical expenses.

Patients' Bill of Rights

Pursuant to New Hampshire RSA 151:21, the rights and responsibilities of each patient admitted to a facility, except those admitted by a home health care provider, shall include, as a minimum, the following:

- I. The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being

- informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
- II. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.
 - III. The patient shall be fully informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by medicare or medicaid shall also be included in this disclosure.
 - IV. The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.
 - V. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for medicaid as a source of payment.
 - VI. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
 - VII. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.
 - VIII. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.
 - IX. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
 - X. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.

- XI. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.
- XII. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.
- XIII. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
- XIV. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
- XV. The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
- XVI. The patient shall not be denied appropriate care on the basis of age, sex, gender identity, sexual orientation, race, color, marital status, familial status, disability, religion, national origin, source of income, source of payment, or profession.
- XVII. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
- XVIII. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, unmarried partner, or a personal representative chosen by the patient, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.
- XIX. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.
- XX. The patient shall not be denied admission to the facility based on medicaid as a source of payment when there is an available space in the facility.
- XXI. Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.
- XXII. The patient shall not be denied admission, care, or services based solely on the patient's vaccination status.
- XXIII. (a) In addition to the rights specified in paragraph XVIII, the patient shall be entitled to designate a spouse, family member, or caregiver who may visit the facility while the patient is receiving care. A patient who is a minor may have a parent, guardian, or person standing in loco parentis visit the facility while the minor patient is receiving care.

(b)(1) Notwithstanding subparagraph (a), a health care facility may establish visitation policies that limit or restrict visitation when:

(A) The presence of visitors would be medically or therapeutically contraindicated in the best clinical judgment of health care professionals;

(B) The presence of visitors would interfere with the care of or rights of any patient;

(C) Visitors are engaging in disruptive, threatening, or violent behavior toward any staff member, patient, or another visitor; or

(D) Visitors are noncompliant with written hospital policy.

(2) Upon request, the patient or patient's representative, if the patient is incapacitated, shall be provided the reason for denial or revocation of visitation rights under this paragraph.

(c) A health care facility may require visitors to wear personal protective equipment provided by the facility, or provided by the visitor and approved by the facility. A health care facility may

require visitors to comply with reasonable safety protocols and rules of conduct. The health care facility may revoke visitation rights for failure to comply with this subparagraph.

(d) Nothing in this paragraph shall be construed to require a health care facility to allow a visitor to enter an operating room, isolation room, isolation unit, behavioral health setting or other typically restricted area or to remain present during the administration of emergency care in critical situations. Nothing in this paragraph shall be construed to require a health care facility to allow a visitor access beyond the rooms, units, or wards in which the patient is receiving care or beyond general common areas in the health care facility.

(e) The rights specified in this paragraph shall not be terminated, suspended, or waived by the health care facility, the department of health and human services, or any governmental entity, notwithstanding declarations of emergency declared by the governor or the legislature. No health care facility licensed pursuant to RSA 151:2 shall require a patient to waive the rights specified in this paragraph.

(f) Each health care facility licensed pursuant to RSA 151:2 shall post on its website:

(1) Informational materials explaining the rights specified in this paragraph;

(2) The patients' bill of rights which applies to the facility on its website; and

(3) Hospital visitation policy detailing the rights and responsibilities specified in this paragraph, and the limitations placed upon those rights by written hospital policy on its website.

(g) Unless expressly required by federal law or regulation, the department or any other state agency shall not take any action arising out of this paragraph against a health care facility for:

(1) Giving a visitor individual access to a property or location controlled by the health care facility;

(2) Failing to protect or otherwise ensure the safety or comfort of a visitor given access to a property or location controlled by the health care facility;

(3) The acts or omissions of any visitor who is given access to a property or location controlled by the health care facility.

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, NEW HAMPSHIRE RESIDENTS.

NEW MEXICO NOTICES:

NOTICE TO CONSUMER: This is a limited benefits health plan. The benefits provided are supplemental to, and not a substitute for, major medical coverage, even in combination with other limited benefits plans. To apply for an individual or small-group major medical plan, please visit the website of the New Mexico Health Insurance Exchange at www.bewellnm.com or call 1-833-862-3935 (TTY: 711).

Consumer Complaint Notice. If You are a resident of New Mexico, Your coverage will be administered in accordance with the minimum applicable standards of New Mexico law. If You have concerns regarding a claim, premium, or other matters relating to this coverage, You may file a complaint with the New Mexico Office of Superintendent of Insurance (OSI) using the complaint form available on the OSI website and found at: <https://www.osi.state.nm.us/Consumer Assistance/index.aspx>.

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, NEW MEXICO RESIDENTS.

NORTH CAROLINA NOTICES:

IMPORTANT CANCELLATION INFORMATION: Please read the provision titled "When Insurance Ends".

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

- (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND
- (2) WILLFULLY FAIL TO DELIVER AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS, IF ANY, TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, NORTH CAROLINA RESIDENTS.

NORTH DAKOTA NOTICE(S):

30 Day Right to Examine Certificate:

Please read the Certificate carefully. If You are not satisfied for any reason, You may notify Us that You are cancelling Your Certificate within 30 days from the date of delivery by calling Us at the number set forth in the Certificate. If You notify Us that You are cancelling within the 30 day period, the Certificate will be void from the beginning. We will refund any premium or Contribution paid within 30 days after We receive Your notice of cancellation.

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, NORTH DAKOTA RESIDENTS.

OHIO NOTICE:

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, OHIO RESIDENTS.

OKLAHOMA NOTICE:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

SOUTH DAKOTA NOTICE(S):

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

TEXAS NOTICES:

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Have a complaint or need help?

If You have a problem with a claim or Your premium, call Your insurance company or HMO first. If You can't work out the issue, the Texas Department of Insurance may be able to help.

Even if You file a complaint with the Texas Department of Insurance, You should also file a complaint or appeal through Your insurance company or HMO. If You don't, You may lose Your right to appeal.

Metropolitan Life Insurance Company

To get information or file a complaint with Your insurance company or HMO:

Call: Corporate Consumer Relations Department at 1-800-438-6388

Toll-free: 1-800-438-6388

Email: Johnstown_Complaint_Referrals@metlife.com

Mail: Metropolitan Life Insurance Company
700 Quaker Lane, 2nd Floor
Warwick, Rhode Island 02886

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Metropolitan Life Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Departamento de Relaciones Corporativas del Consumidor al 1-800-438-6388

Teléfono gratuito: 1-800-438-6388

Correo electrónico: Johnstown_Complaint_Referrals@metlife.com

Dirección postal: Metropolitan Life Insurance Company
700 Quaker Lane, 2nd Floor
Warwick, Rhode Island 02886

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

UTAH NOTICE(S):

THE NON-EMERGENCY CARE BENEFIT IS NOT AVAILABLE, AND DOES NOT APPLY, TO RESIDENTS OF UTAH. INSTEAD, YOU ARE ELIGIBLE FOR THE EMERGENCY CARE BENEFIT DESCRIBED IN THE OUTLINE OF COVERAGE.

NOTICE OF PROTECTION PROVIDED BY THE UTAH LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This disclaimer provides a **brief summary** of the Utah Life and Health Insurance Guaranty Association (Association) and the protection it provides for policyholders. The safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that Your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with the funding from assessments paid by other insurance companies. (For the purposes of this notice, the terms "insurance company" and "insurer" include health maintenance organizations (HMOs) and limited health plans.)

The basic protections provided by the Association are:

- Life Insurance
 - \$500,000 in death benefits
 - \$200,000 in cash surrender or withdrawal values
- Accident and Health Insurance
 - \$500,000 for health benefit plans
 - \$500,000 in disability income insurance benefits
 - \$500,000 in long-term care insurance benefits
 - \$500,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in the present value of annuity benefits in aggregate, including any net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to health benefit plans.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Utah law.

Benefits provided by a long-term care rider to a life insurance policy or annuity contract shall be considered the same type of benefit as the base life insurance policy or annuity contract to which it relates.

To learn more about the above protections, please visit the Association's website at www.ulhiga.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
466 South 500 East, Suite 100
Salt Lake City UT 84102
(801) 320-9955

Utah Insurance Department
4315 S. 2700 W., Suite 2300
Taylorsville, UT 84129
(801) 957-9200

VERMONT NOTICE:

THIS POLICY DOES NOT MEET THE MINIMUM COVERAGE REQUIREMENTS OF THE AFFORDABLE CARE ACT. YOU SHOULD NOT PURCHASE THIS POLICY UNLESS YOU ARE ALREADY COVERED BY COMPREHENSIVE MAJOR MEDICAL INSURANCE.

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, VERMONT RESIDENTS.

WASHINGTON NOTICE(S):

Benefits provided under this Certificate are non-coordinated - this means that benefits are payable without regard to any other coverage that You may have.

THE NON-EMERGENCY CARE BENEFIT IS NOT AVAILABLE, AND DOES NOT APPLY, TO RESIDENTS OF WASHINGTON. INSTEAD, YOU ARE ELIGIBLE FOR THE EMERGENCY CARE BENEFIT DESCRIBED IN THE OUTLINE OF COVERAGE.

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, WASHINGTON RESIDENTS.

WEST VIRGINIA NOTICE(S):

THE BUILDING BENEFIT CERTIFICATE RIDER IS NOT AVAILABLE FOR, AND DOES NOT APPLY TO, WEST VIRGINIA RESIDENTS.

WISCONSIN NOTICE:

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem.

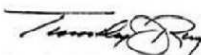
Metropolitan Life Insurance Company
700 Quaker Lane, 2nd Floor
Warwick, Rhode Island 02886

Toll Free Telephone: 1-800-GET-MET8

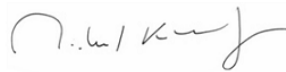
You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can file a complaint electronically with the **OFFICE OF THE COMMISSIONER OF INSURANCE** at its website at <http://oci.wi.gov/> , or by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103

This Certificate Rider is to be attached to and made a part of the Certificate.



Timothy J. Ring
Secretary



Michel Khalaf
President & CEO



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

**ORGANIZED SPORTS ACTIVITY INJURY BENEFIT
CERTIFICATE RIDER**

Group Policy No.: 0119920

Policyholder: ADP TotalSource, Inc.

Rider Effective Date: The later of June 1, 2024 or the date that applies to the insured's Certificate as shown in the insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife.

This Rider is added to Your Certificate of Accident Insurance.

DEFINITIONS

Organized Sports Activity means an amateur sports competition or organized practice for an amateur sports competition:

- in which participation is not for wage or profit;
- which is overseen by an Amateur Sports Organization; and
- in which formal registration is required to participate.

The term Organized Sports Activity does not include:

- coaching, officiating or refereeing activities;
- travel to or from a sports competition or practice; or
- any activities that occur before, after or between sports competitions or practices.

Amateur Sports Organization means an organization that oversees scholastic, recreational or social sports activities, sets up official rules and standards of play, arranges for officials to oversee competition, and organizes inter-team competition, facilities and equipment. The term includes public and private schools and sports associations.

ORGANIZED SPORTS ACTIVITY INJURY BENEFIT

If any of the benefits listed under Benefits Eligible for Organized Sports Activity Injury Benefit section of this Rider are payable under the Certificate for an Injury sustained by a Covered Person, We will increase the amount(s) payable under the Certificate for such benefit(s) by 25% if the following requirements are met:

- the Injury resulted from an Accident that occurred while such Covered Person was participating as a player in an Organized Sports Activity;
- We are provided with Proof of such Covered Person's registration for participation in the Organized Sports Activity; and
- We are provided with any incident report in which the Accident is reported or information that supports that the Accident occurred during an Organized Sports Activity.

LIMITATIONS

The Organized Sports Activity Injury Benefit is only payable as an increase to a benefit that is payable under the Certificate for an Injury. If a particular benefit is not payable under the Certificate for the Injury, no increased amount will be payable under this Rider for such benefit.

BENEFITS ELIGIBLE FOR ORGANIZED SPORTS ACTIVITY INJURY BENEFIT

Accidental Injury Benefits

Accident – Medical Treatment and Services Benefits

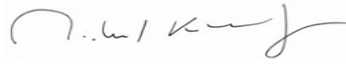
Hospital Benefits

WHEN THIS RIDER ENDS

This Rider will end if insurance under the Certificate ends in accordance with the When Insurance Ends provision of the Certificate, however, this Rider will continue if Your insurance is continued under the Continuation of Insurance section of the Certificate.



Timothy J. Ring
Secretary



Michel Khalaf
President & CEO

This Rider is to be attached to and made a part of Your Certificate.



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

CERTIFICATE OF ACCIDENT INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. References to coverage for Your Dependents throughout this Certificate only apply if insurance is in effect for Your Dependents. Please refer to the Covered Person Specifications page and Eligibility Provisions: Dependent Insurance section for details.

This Certificate is issued to You under the Group Policy. This Certificate includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.** The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Group Policyholder: ADP TotalSource, Inc.
Group Policy Number: 0119920
MetLife Toll Free Number: 1-877-237-8701

Important Notice: The insurance evidenced by this Certificate provides limited benefits. Subject to its terms, conditions and limitations, this Certificate provides benefits for Accidental death and Accidental Injuries. The benefit amounts are shown in the Schedule and are not based on any medical expenses that are incurred. You should have medical coverage in force when You enroll for this insurance.

This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with Your taxes.

30-Day Right to Examine Certificate. Please read this Certificate carefully. If You are not satisfied for any reason, You may notify Us that You are cancelling Your Certificate within 30 days from the date of delivery by calling Us at 1-877-237-8701. If You notify Us that You are cancelling within the 30 day period, this Certificate will be void from the beginning. We will refund any premium or Contribution paid within 30 days after We receive Your notice of cancellation.

Maryland Residents: The Group Policy providing coverage under this Certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

IMPORTANT NOTICE

For information about coverage or assistance in resolving complaints
contact Us at 1-877-237-8701

NOTICE FOR RESIDENTS OF MAINE

If You were a resident of Maine on Your Certificate effective date, this notice applies to You.

You have the right to designate a third party to receive notice if Your insurance is in danger of lapsing due to a default on Your part, such as non-payment of a Contribution that is due. You may make this designation by completing a "Third Party Notice Request Form" and sending it to MetLife. Once You have made a designation, You may cancel or change it by filling out a new Third Party Notice Request Form and sending it to MetLife. The designation will be effective as of the date MetLife receives the form. Call MetLife at the toll-free telephone number shown on the face page of this Certificate to obtain a Third Party Notice Request Form.

Within 90 days after cancellation of coverage for nonpayment of premium, You, any person authorized to act on Your behalf, or any covered Dependent may request reinstatement of the Certificate on the basis that You suffered from cognitive impairment or functional incapacity at the time of cancellation.

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COVERED PERSON SPECIFICATIONS

Certificate Effective Date:	The later of June 1, 2024 or the date that applies to the insured's Certificate as shown in the insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Group Policyholder: Group Policy Number:	ADP TotalSource, Inc. 0119920
MetLife Contact Information:	1-877-237-8701
Your Name:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Your Certificate Number:	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife
Coverage for Your Dependents	See Insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife

This Covered Person Specifications page is part of Your Certificate. Please keep it with Your Certificate.

SCHEDULE OF INSURANCE

IMPORTANT NOTE: Payment of the benefits listed in this Schedule is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate. PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY.

The listing of benefits for Dependents only applies if insurance is in effect for Your Dependents under this Certificate. Please refer to the Covered Person Specifications page and the Eligibility Provisions: Dependent Insurance section of this Certificate for details.

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse	For Your Dependent Child(ren)
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH – COMMON CARRIER BENEFIT: *	For You	For Your Spouse	For Your Dependent Child(ren)
	\$150,000	\$75,000	\$30,000

*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 DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS:

Basic Dismemberment/Functional Loss Benefit:	For You	For Your Spouse	For Your Dependent Child(ren)
Basic Dismemberment Benefit:			
Loss of one finger or one toe	\$500	\$500	\$500
Loss of one arm or one leg	\$10,000	\$10,000	\$10,000
Loss of one hand or one foot	\$10,000	\$10,000	\$10,000
Loss of two or more fingers or toes in any combination	\$1,000	\$1,000	\$1,000
Basic Functional Loss Benefit:			
Loss of sight in one eye	\$10,000	\$10,000	\$10,000
Loss of hearing in one ear	\$10,000	\$10,000	\$10,000
Catastrophic Dismemberment/Functional Loss Benefit:	For You	For Your Spouse	For Your Dependent Child(ren)
Catastrophic Dismemberment Benefit:			
Loss of both arms or both legs or one arm and one leg	\$50,000	\$50,000	\$50,000
Loss of both hands or both feet or one hand and one foot	\$50,000	\$50,000	\$50,000
Catastrophic Functional Loss Benefit:			
Loss of sight in both eyes	\$50,000	\$50,000	\$50,000
Loss of hearing in both ears	\$50,000	\$50,000	\$50,000
Loss of ability to speak	\$50,000	\$50,000	\$50,000

SCHEDULE OF INSURANCE (Continued)

Paralysis Benefit:	For You	For Your Spouse	For Your Dependent Child(ren)
Two limbs (paraplegia or hemiplegia)	\$50,000	\$50,000	\$50,000
Four limbs (quadriplegia)	\$100,000	\$100,000	\$100,000

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*	For You	For Your Spouse	For Your Dependent Child(ren)
Fracture Benefit For Closed Reduction:			
Face or Nose (except mandible or maxilla)	\$1,000	\$1,000	\$1,000
Skull fracture – depressed (except bones of face or nose)	\$4,000	\$4,000	\$4,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$2,000	\$2,000
Lower Jaw, Mandible (except alveolar process)	\$750	\$750	\$750
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$1,000	\$1,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$1,000	\$1,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$750	\$750	\$750
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$2,000	\$2,000	\$2,000
Rib	\$750	\$750	\$750
Finger, Toe	\$100	\$100	\$100
Vertebrae, Body of (excluding vertebral processes)	\$1,500	\$1,500	\$1,500
Vertebral Processes	\$500	\$500	\$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$1,500	\$1,500	\$1,500
Hip, Thigh (femur)	\$4,000	\$4,000	\$4,000
Coccyx	\$500	\$500	\$500
Leg (tibia and/or fibula)	\$1,500	\$1,500	\$1,500
Kneecap (patella)	\$500	\$500	\$500
Ankle	\$500	\$500	\$500
Foot (except toes)	\$500	\$500	\$500

SCHEDULE OF INSURANCE (Continued)

	For You	For Your Spouse	For Your Dependent Child(ren)
Fracture Benefit For Open Reduction:			
Face or Nose (except mandible or maxilla)	\$2,000	\$2,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$8,000	\$8,000	\$8,000
Skull fracture – non-depressed (except bones of face or nose)	\$4,000	\$4,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$1,500	\$1,500	\$1,500
Upper Jaw, Maxilla (except alveolar process)	\$2,000	\$2,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$2,000	\$2,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$1,500	\$1,500	\$1,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$4,000	\$4,000	\$4,000
Rib	\$1,500	\$1,500	\$1,500
Finger, Toe	\$200	\$200	\$200
Vertebrae, Body of (excluding vertebral processes)	\$3,000	\$3,000	\$3,000
Vertebral Processes	\$1,000	\$1,000	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$3,000	\$3,000	\$3,000
Hip, Thigh (femur)	\$8,000	\$8,000	\$8,000
Coccyx	\$1,000	\$1,000	\$1,000
Leg (tibia and/or fibula)	\$3,000	\$3,000	\$3,000
Kneecap (patella)	\$1,000	\$1,000	\$1,000
Ankle	\$1,000	\$1,000	\$1,000
Foot (except toes)	\$1,000	\$1,000	\$1,000

*Chip Fracture Benefit for any of the above: Benefit is 25% of the applicable benefit for the bone involved.

Dislocation Benefit*	For You	For Your Spouse	For Your Dependent Child(ren)
Full Dislocation Benefit for Closed Reduction:			
Lower Jaw	\$750	\$750	\$750
Collarbone (sternoclavicular)	\$1,000	\$1,000	\$1,000
Collarbone (acromioclavicular and separation)	\$750	\$750	\$750
Shoulder (glenohumeral)	\$1,750	\$1,750	\$1,750
Rib	\$750	\$750	\$750
Elbow	\$750	\$750	\$750
Wrist	\$750	\$750	\$750
Bone or Bones of the Hand (other than fingers)	\$750	\$750	\$750
Hip	\$4,000	\$4,000	\$4,000
Knee (except patella)	\$2,000	\$2,000	\$2,000
Ankle - Bone or Bones of the Foot (other than toes)	\$750	\$750	\$750
One Toe or Finger	\$100	\$100	\$100
	For You	For Your Spouse	For Your Dependent Child(ren)
Full Dislocation Benefit for Open Reduction:			
Lower Jaw	\$1,500	\$1,500	\$1,500

SCHEDULE OF INSURANCE (Continued)

Collarbone (sternoclavicular)	\$2,000	\$2,000	\$2,000
Collarbone (acromioclavicular and separation)	\$1,500	\$1,500	\$1,500
Shoulder (glenohumeral)	\$3,500	\$3,500	\$3,500
Rib	\$1,500	\$1,500	\$1,500
Elbow	\$1,500	\$1,500	\$1,500
Wrist	\$1,500	\$1,500	\$1,500
Bone or Bones of the Hand (other than fingers)	\$1,500	\$1,500	\$1,500
Hip	\$8,000	\$8,000	\$8,000
Knee (except patella)	\$4,000	\$4,000	\$4,000
Ankle - Bone or Bones of the Foot (other than toes)	\$1,500	\$1,500	\$1,500
One Toe or Finger	\$200	\$200	\$200

***Partial Dislocation Benefit** for any of the above: Benefit is 25% of the applicable benefit for joint involved.

Burn Benefit: Benefit for 2nd Degree Burn Percentage of total surface skin area that is burnt	For You	For Your Spouse	For Your Dependent Child(ren)
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Less than 10%	\$100	\$100	\$100
At least 10% but less than 25%	\$200	\$200	\$200
At least 25% but less than 35%	\$500	\$500	\$500
35% or more	\$1,000	\$1,000	\$1,000

Burn Benefit: Benefit for 3rd Degree Burn Percentage of total surface skin area that is burnt	For You	For Your Spouse	For Your Dependent Child(ren)
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Less than 10%	\$1,000	\$1,000	\$1,000
At least 10% but less than 25%	\$2,000	\$2,000	\$2,000
At least 25% but less than 35%	\$5,000	\$5,000	\$5,000
35% or more	\$10,000	\$10,000	\$10,000

Concussion Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
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\$400	\$400	\$400
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Coma Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
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\$10,000	\$10,000	\$10,000
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Laceration Benefit:	For You	For Your Spouse	For Your Dependent Child(ren)
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Repaired without stitches	\$75	\$75	\$75
Repaired with stitches			
Total of all lacerations is less than two inches (5.08 cm) long	\$150	\$150	\$150
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$300	\$300	\$300
Total of all lacerations is over six inches (over 15.24 cm) long	\$600	\$600	\$600

SCHEDULE OF INSURANCE (Continued)

Broken Tooth Benefit:	For You	For Your Spouse	For Your Dependent Child(ren)
Crown	\$200	\$200	\$200
Extraction	\$100	\$100	\$100
Filling	\$50	\$50	\$50

Eye Injury Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$300	\$300	\$300

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

Air Ambulance Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$1,000	\$1,000	\$1,000

Ground Ambulance Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$300	\$300	\$300

Emergency Care Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
Emergency Room	\$200	\$200	\$200
Physician's Office	\$100	\$100	\$100
Urgent Care	\$150	\$150	\$150

Non-Emergency Initial Care Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$100	\$100	\$100

Medical Testing Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$150	\$150	\$150

SCHEDULE OF INSURANCE (Continued)

	For You	For Your Spouse	For Your Dependent Child(ren)
Physician Follow-Up Visit Benefit			
	\$100	\$100	\$100
Transportation Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$400	\$400	\$400
Therapy Services Benefit:	For You	For Your Spouse	For Your Dependent Child(ren)
Cognitive behavioral therapy	\$50	\$50	\$50
Occupational therapy	\$50	\$50	\$50
Physical therapy	\$50	\$50	\$50
Respiratory therapy	\$50	\$50	\$50
Speech therapy	\$50	\$50	\$50
Vocational therapy	\$50	\$50	\$50
Acupuncture	\$50	\$50	\$50
Chiropractic therapy	\$50	\$50	\$50
Pain Management Benefit (for Epidural Anesthesia)	For You	For Your Spouse	For Your Dependent Child(ren)
	\$100	\$100	\$100
Prosthetic Device Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
One device only	\$750	\$750	\$750
More than one device	\$1,500	\$1,500	\$1,500
Medical Appliance Benefit:	For You	For Your Spouse	For Your Dependent Child(ren)
Brace	\$100	\$100	\$100
Cane	\$100	\$100	\$100
Crutches	\$100	\$100	\$100
Walker – expected use less than 1 year	\$200	\$200	\$200
Walker – expected use 1 year or longer	\$300	\$300	\$300
Walking boot	\$100	\$100	\$100
Wheel chair or motorized scooter – expected use less than 1 year	\$200	\$200	\$200
Wheel chair or motorized scooter – expected use 1 year or longer	\$1,000	\$1,000	\$1,000
Other medical device used for mobility	\$100	\$100	\$100
Medical Appliance Benefit Limit:	\$1,000	\$1,000	\$1,000
Limit for all Medical Appliances combined, per Covered Person, per Accident			
Modification Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$1,000	\$1,000	\$1,000
Blood/Plasma/Platelets Benefit	For You	For Your Spouse	For Your Dependent

\$400

\$400

Child(ren)
\$400

SCHEDULE OF INSURANCE (Continued)

Surgery Benefits:	For You	For Your Spouse	For Your Dependent Child(ren)
Surgical Repair Benefit:			
Cranial	\$2,000	\$2,000	\$2,000
Hernia	\$200	\$200	\$200
Ruptured Disc	\$1,000	\$1,000	\$1,000
Skin Graft Benefit (only payable for a burn for which the Burn Benefit was paid)	50% of the Burn Benefit that was paid	50% of the Burn Benefit that was paid	50% of the Burn Benefit that was paid
Torn cartilage in knee	\$750	\$750	\$750
Torn, ruptured or severed tendon/ligament/rotator cuff			
One tendon/ligament/rotator cuff	\$750	\$750	\$750
Two or more tendons/ligaments/rotator cuffs	\$1,500	\$1,500	\$1,500
Thoracic cavity or abdominal pelvic cavity	\$2,000	\$2,000	\$2,000
Exploratory Surgery Benefit for any of the procedures listed above	\$200	\$200	\$200
Other Outpatient Surgery Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$300	\$300	\$300
ACCIDENT - HOSPITAL BENEFITS			
Admission Benefit (for the day of admission)	For You	For Your Spouse	For Your Dependent Child(ren)
	\$1,000	\$1,000	\$1,000
ICU Supplemental Admission Benefit (for the day of admission)	For You	For Your Spouse	For Your Dependent Child(ren)
	\$1,000	\$1,000	\$1,000

SCHEDULE OF INSURANCE (Continued)

Confinement Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$300 per day	\$300 per day	\$300 per day
ICU Supplemental Confinement Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$300 per day	\$300 per day	\$300 per day
Inpatient Rehabilitation Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$200 per day	\$200 per day	\$200 per day
OTHER BENEFITS			
Health Screening Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$75	\$75	\$75
Lodging Benefit	For You	For Your Spouse	For Your Dependent Child(ren)
	\$100 per day	\$100 per day	\$100 per day

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. Other terms may be defined where they are used. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

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 under this Certificate.

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

Accidental or **Accidentally** means happening by Accident.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job. This must be done at:

- the Group Policyholder's place of business;
- an alternate place approved by the Group Policyholder; or
- a place to which the Group Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Group Policyholder approved vacations, holidays or temporary business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Certificate means this Certificate including any riders attached to it.

Coma means a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, characterized by the absence of purposeful response to commands, including:

- eye opening;
- verbal response; and
- motor response.

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.

Covered Person means You and, if insured under the Group Policy for the insurance described in this Certificate, Your Dependents.

Covered Surgery means any of the following procedures:

- cranial Surgery;
- skin graft to treat a burn for which the Burn Benefit was paid;
- Surgery to treat a hernia;
- thoracic cavity and abdominal pelvic cavity Surgery;
- Surgery to treat a Ruptured Disc;
- Surgery to treat torn cartilage in the knee (meniscus); or
- Surgery to treat a torn, ruptured or severed tendon, ligament or rotator cuff.

DEFINITIONS (Continued)

Dependent means Your Spouse, and/or Dependent Child. No person can be insured for Accident Insurance under the Group Policy as both an employee and a Dependent.

Dependent Child means the following:

- Your biological child, while such child is younger than the Dependent Child Age Limit;
- Your adopted child, while such child is younger than the Dependent Child Age Limit;
- Your stepchild, including a child of Your Domestic Partner, while such child is younger than the Dependent Child Age Limit; or
- A child for whom You or Your Spouse are appointed legal guardian, or a child placed with You or Your Spouse as a foster child, while such child is under the Dependent Child Age Limit and subject to the legal guardianship or continuing foster parent status of You or Your Spouse.

The term Dependent Child does not mean an unborn or stillborn child.

A person cannot be insured for Accident Insurance as a Dependent Child of more than one employee under the Group Policy.

Dependent Child Age Limit means:

- the end of the calendar month in which the Dependent Child reaches age 26.

Dependent Insurance means insurance under this Certificate for Your Dependents.

Domestic Partner means each of two people, one of whom is You, who:

1. have registered as each other's domestic partner or civil union partner with a government agency where such registration is available; or
2. are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
 - 18 years of age or older;
 - unmarried;
 - the sole domestic partner of the other;
 - sharing a Primary Residence with the other; and
 - not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by You.

Emergency Room means an area within a Hospital that is dedicated to the provision of emergency care. This area must:

- be staffed and equipped to handle trauma;
- be supervised and provide treatment by Physicians; and
- provide care seven days per week, 24 hours per day.

DEFINITIONS (Continued)

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means ADP TotalSource, Inc..

Hospital means a short-term, acute care, general facility which:

- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine;
- has facilities for major Surgery either on its premises or through contractual arrangement with another Hospital;
- has a requirement that every patient must be under the care of a Physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, or educational care.

Injury means any bodily harm:

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

Intensive Care Unit or ICU means a place which:

- is a specifically dedicated area of a Hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive monitoring and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under close observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a Physician assigned to the intensive care unit on a full-time basis.

The term Intensive Care Unit includes Hospital units with the following names: Intensive Care Unit; Coronary Care Unit; Neonatal Intensive Care Unit; Pulmonary Care Unit; Burn Unit; or Transplant Unit.

Medical Restriction means a person is:

- restricted to the person's home under a Physician's care;
- receiving or applying to receive disability benefits from any source;
- an inpatient in a Hospital;
- receiving care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receiving chemotherapy, radiation therapy or dialysis.

DEFINITIONS (Continued)

Other Outpatient Surgery means Surgery performed on an outpatient basis, other than a Surgery for which the Surgery Benefit is payable.

Outpatient Surgery Facility means a facility mainly engaged in performing outpatient Surgery. It must:

- be accredited as an ambulatory surgery facility by either the Joint Commission or the Accreditation Association for Ambulatory Care;
- be approved as an ambulatory Surgery facility by Medicare; or
- meet all of the following criteria:
 - maintains all appropriate licensing for a facility that provides ambulatory Surgery;
 - is staffed by Physicians and nurses, under the supervision of a Physician;
 - has permanent operating and recovery rooms;
 - is staffed and equipped to provide emergency care; and
 - has written back-up arrangements with a local Hospital for emergency care.

Physician means:

- a person licensed to practice medicine and prescribe and administer drugs or to perform Surgery in the jurisdiction where such services are performed; or
- a medical practitioner who is licensed to provide a service for which a benefit is payable under this Certificate, according to the laws and regulations of the jurisdiction where such service is performed, and who is acting within the scope of such license.

The term Physician does not include:

- You;
- Your Spouse or anyone to whom You are related by blood or marriage;
- anyone with whom You are residing;
- Your adopted or stepchild;
- anyone with whom You share a business interest; or
- Your employee.

Primary Residence means the dwelling where a person lives for the majority of the time, whether the person owns or rents the dwelling.

Proof means Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

DEFINITIONS (Continued)

Rehabilitation Facility means a facility that:

- provides rehabilitation care services on an inpatient basis; and
- maintains all required licenses and certifications.

Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by an Injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of Physicians.

The term Rehabilitation Facility does not include:

- a nursing home;
- an extended care facility, unless the Covered Person is receiving rehabilitation care services on an inpatient basis at the extended care facility;
- a Skilled Nursing Facility, unless the Covered Person is receiving rehabilitation care services on an inpatient basis at the facility;
- a rest home or home for the aged;
- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Ruptured Disc means a tear in the spinal disc capsule. It does not include a bulging disc.

Schedule means the Schedule of Insurance that appears in this Certificate, and the Covered Person Specifications page.

Sickness means:

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

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

Skilled Nursing Facility means a facility that provides skilled, intermediate or custodial care that meets all of the following requirements:

- if licensing or certification is required, maintains all appropriate licensing or certification under the laws where it is located as a skilled or intermediate nursing facility;
- has 24 hour a day nursing care provided by any of the following who is licensed under the laws where the services are performed: a registered professional nurse (R.N.), licensed practical nurse (L.P.N.) or licensed vocational nurse (L.V.N.);
- has 24 hour a day care performed by an awake, and trained or certified staff supervised by a nurse who is an R.N., L.P.N. or L.V.N.;
- keeps a Written record of services performed for each client;
- has established procedures to obtain emergency medical care; and
- services are not limited to provision of food, shelter, and other residential services such as laundry.

Spouse means Your lawful spouse or Your Domestic Partner.

DEFINITIONS (Continued)

Surgery means a procedure performed by a Physician involving an incision of the Covered Person's skin or tissue that, in and of itself, is intended to be curative, palliative or exploratory.

Urgent Care Facility means a health care facility:

- that is separate from a Hospital or a separate unit within a Hospital; and
- the primary purpose of which is the offering and provision of immediate, short-term medical care, for urgent care.

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means an employee who is insured under the Group Policy for the insurance described in this Certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS

CLASS 1

All Actively at Work employees working at least 15 hours per week, excluding temporary or seasonal employees and excluding worksite employees who do not draw a salary or hourly wage.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the Accident Insurance available for Your eligible class.

If You are in an eligible class on the date insurance becomes available for the class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

If you enter an eligible class after the date insurance becomes available to members of that class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form. You must also provide Written permission to deduct Contributions from Your pay for such insurance, if You are required to make such Contributions.

DATE YOUR INSURANCE TAKES EFFECT

Provided that You are Actively at Work in an eligible class, insurance under this Certificate will take effect for You on the Certificate effective date. If You are not Actively at Work in an eligible class on the date insurance would otherwise take effect, insurance will take effect on the date You return to Active Work in an eligible class.

BENEFIT CHANGES

Once Your insurance takes effect, You may only change Your benefits in accordance with the options available through the Group Policyholder. Please contact Us or the Group Policyholder for more information.

If You are not Actively at Work in an eligible class on the date an increase in benefits would otherwise take effect, the increase will not take effect until You return to Active Work in a class that is eligible for the increase.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE

ELIGIBLE CLASS FOR DEPENDENT INSURANCE

All Class 1 employees of the Group Policyholder as specified in the Eligibility Provisions: Insurance For You section of this Certificate are eligible for Dependent Insurance.

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

If You are in a class of employees who are eligible for Dependent Insurance on the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:

- the date Your insurance takes effect; and
- the date an individual becomes Your first Dependent.

If You enter a class of employees who are eligible for Dependent Insurance after the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:

- the date You enter a class eligible for Dependent Insurance; and
- the date an individual becomes Your first Dependent.

ENROLLMENT PROCESS

If You become eligible for Dependent Insurance, You may enroll for such insurance by providing Us with any information We require for each Dependent to be insured. You must also provide Written permission to deduct Contributions from Your pay for Dependent Insurance, if You are required to make such Contributions.

DATE DEPENDENT INSURANCE TAKES EFFECT

Newborn Children

A Dependent Child born to You while insurance is in effect under the Certificate will be covered:

- from the moment of birth and does not need to be enrolled if Dependent Insurance is already in effect for at least one other Dependent Child; or
- for 31 days from the moment of birth if Dependent Insurance is not already in effect for at least one other Dependent Child. To continue coverage beyond the first 31 days You must notify Us of the child's birth and give Written permission to deduct Contributions from Your pay for Dependent Insurance for the newborn child.

The effective date of insurance for a newborn child will be determined without regard to whether the child is under a Medical Restriction.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE (Continued)

Adopted Children

A Dependent Child adopted by You or Placed for Adoption with You while insurance is in effect under the Certificate will be covered:

- from the moment of birth if a written agreement to adopt the child has been executed by You prior to the child's birth; or
- from the date of adoption or Placement for Adoption if a written agreement to adopt the child was not executed by You prior to the child's birth.

Coverage will continue unless the child's placement is disrupted prior to legal adoption.

The child does not need to be enrolled if Dependent Coverage is already in effect for at least one other Dependent Child. If Dependent Coverage is not already in effect for at least one other Dependent Child, then to continue the child's coverage beyond the first 31 days of coverage, You must notify Us of the child's adoption or Placement for Adoption and give Written permission to deduct Contributions from Your pay for Dependent Insurance for the adopted child. You must do this within 60 days of the date the child is adopted by You or Placed for Adoption with You.

The effective date of insurance for a newly adopted child will be determined without regard to whether the child is under a Medical Restriction.

Placed for Adoption or Placement for Adoption means the assumption and retention by You of a legal obligation for total or partial support of a child in anticipation of Your adoption of the child.

Other Dependents

Dependent Insurance for a Dependent who is not under a Medical Restriction will take effect on the later of:

- the date You are enrolled for Dependent Insurance for such Dependent; or
- the date a person becomes Your Dependent.

If a Dependent is under a Medical Restriction on the date insurance for such Dependent would otherwise take effect, insurance for the Dependent will take effect on the date the Dependent is no longer under a Medical Restriction.

SPECIAL RULES FOR COVERED PERSONS PREVIOUSLY INSURED UNDER ANOTHER INSURANCE POLICY ISSUED TO THE GROUP POLICYHOLDER

The Group Policy is replacing another policy of group insurance that provided similar benefits, that was issued to the Group Policyholder. This section explains how the replacement of that other group insurance policy will affect people who were covered under that policy.

In this section, the terms listed below will have the meanings listed below.

New Policy means the Group Policy under which this Certificate is issued.

Old Policy means the policy of group insurance that was replaced by the New Policy.

Replacement Date means the effective date of the New Policy.

Transferring Dependents means each of Your Dependents who:

- was insured under the Old Policy on the date it ended; and
- either meets the requirements to be eligible for insurance under the New Policy, or is a Disabled Child.

If You were insured under the Old Policy on the date it ended and, You meet the requirements to be eligible for insurance under the New Policy (without regard to any requirement that You be Actively at Work), You, and each of Your Transferring Dependents will be insured under the New Policy on the Replacement Date subject to and in accordance with the provisions of this section.

You and each of Your Transferring Dependents will be automatically enrolled and insured under the New Policy on the Replacement Date.

You, and each of Your Transferring Dependents will be covered under this Certificate for losses, treatment and services that occur on or within 90 days after the Replacement Date that are the direct result of an Accident that occurred while coverage for such person under the Old Policy was in effect, subject to all of the following:

- Such loss, treatment or service must be covered under this Certificate and meet all requirements for payment of benefits specified in this Certificate other than the requirement that the Accident must occur while insurance is in effect under this Certificate.
- We will not pay for any loss, treatment or service that occurred before the Replacement Date.
- We may reduce any amounts paid under this Certificate by any amount payable under the Old Policy.

Disabled Child means a child who:

- has attained the Dependent Age Limit but otherwise meets the definition of Dependent Child;
- is incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability; and
- is chiefly dependent on You for support and maintenance.

ACCIDENTAL DEATH BENEFITS

Payment of the Accidental Death Benefits described in this section is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

BASIC ACCIDENTAL DEATH BENEFIT

We will pay the applicable Basic Accidental Death Benefit shown in the Schedule for a Covered Person's death if:

- the death results directly from an Accident; and
- the death occurs within 180 days following the Accident.

Reduction of the Basic Accidental Death Benefit

The Basic Accidental Death Benefit will be reduced by the following if paid for Injuries sustained by the Covered Person in the same Accident that resulted in the Covered Person's death:

- the amount of any benefits paid under the Accidental Dismemberment/Functional Loss/Paralysis Benefits section of this Certificate; and
- the Modification Benefit under the Accident – Medical Treatment & Services Benefits section of this Certificate.

ACCIDENTAL DEATH - COMMON CARRIER BENEFIT

We will pay the applicable Accidental Death – Common Carrier Benefit shown in the Schedule, instead of the Basic Accidental Death Benefit for a Covered Person's death if:

- the death results directly from an Accident sustained by the Covered Person while:
 - a fare paying passenger on a Common Carrier; or
 - a passenger on public transportation that is a Common Carrier, for which there is no fare; and
- the death occurs within 180 days following the Accident.

We will not pay both the Accidental Death - Common Carrier Benefit and the Basic Accidental Death Benefit for the same Covered Person.

Common Carrier means airplanes, trains, buses, trolleys, subways, and boats that:

- run on a regularly scheduled basis between predetermined points or cities; and
- are operated by a government regulated entity.

The term Common Carrier does not include taxis, limousines or privately chartered vehicles.

Reduction of the Accidental Death – Common Carrier Benefit

The Accidental Death – Common Carrier Benefit will be reduced by the following if paid for Injuries sustained by the Covered Person in the same Accident that resulted in the Covered Person's death:

- the amount of any benefits paid under the Accidental Dismemberment/Functional Loss/Paralysis Benefits section of this Certificate; and
- the Modification Benefit under the Accident – Medical Treatment & Services Benefits section of this Certificate.

ACCIDENTAL DISMEMBERMENT/ FUNCTIONAL LOSS/ PARALYSIS BENEFITS

Payment of the Accidental Dismemberment/Functional Loss/Paralysis Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

BASIC DISMEMBERMENT/FUNCTIONAL LOSS BENEFIT OR CATASTROPHIC DISMEMBERMENT/FUNCTIONAL LOSS BENEFIT

If a Covered Person sustains an Injury that is a Dismemberment or Functional Loss, We will pay the Basic Dismemberment/Functional Loss Benefit or the Catastrophic Dismemberment / Functional Loss Benefit shown in the Schedule that applies to the type of Dismemberment or Functional Loss the Covered Person sustained, subject to all of the following:

- The Dismemberment or Functional Loss must be documented by a Physician within 180 days after the Accident occurs.
- In order for the Catastrophic Dismemberment/ Functional Loss Benefit to be payable, the Injuries that qualify for such benefit must have been sustained by the Covered Person in a single Accident.
- If a Covered Person sustains an Injury that is a Dismemberment or Functional Loss that falls under more than one classification on the Schedule, We will only pay the benefit that applies to the classification that pays the highest benefit.

Dismemberment means any of the following:

- Loss of an arm: the arm is permanently severed at or above the elbow.
- Loss of a hand: the hand is permanently severed at or above the wrist joint.
- Loss of a finger: the finger is permanently severed at the joint proximate to the first interphalangeal joint where it is attached to the hand.
- Loss of a foot: the foot is permanently severed at or above the ankle joint.
- Loss of a leg: the leg is permanently severed at or above the knee.
- Loss of a toe: the toe is permanently severed at the joint proximate to the first interphalangeal joint where it is attached to the foot.

Functional Loss means any of the following:

- Loss of hearing: permanent deafness in at least one ear, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing must last for a continuous period of not less than 90 days as confirmed by a Physician.
- Loss of sight: permanent loss of sight in an eye. With correction, visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees. Loss of sight must last for a continuous period of not less than 90 days as confirmed by a Physician.
- Loss of ability to speak: total and permanent loss of audible communication (aphonia), if such loss cannot be corrected to any functional degree by any procedure, aid or device. Loss of ability to speak must last for a continuous period of not less than 90 days as confirmed by a Physician.

ACCIDENTAL DISMEMBERMENT/ FUNCTIONAL LOSS/ PARALYSIS BENEFITS (Continued)

PARALYSIS BENEFIT

If a Covered Person sustains an Injury that is Paralysis, We will pay the Paralysis Benefit shown in the Schedule that applies to the type of Paralysis that the Covered Person sustained, subject to all of the following:

- Paralysis must be documented by a Physician within 180 days after the Accident occurs.
- If a Covered Person sustains an Injury that is Paralysis that falls under more than one classification on the Schedule, We will only pay the benefit that applies to the classification that pays the highest benefit.
- We will pay the Paralysis Benefit no more than one time per Covered Person, per Accident.

Paralysis means the permanent total and irrecoverable loss of movement of 2 or more limbs:

- that has lasted for a continuous period of not less than 90 days as confirmed by a Physician; or
- as a result of transected spinal cord with supporting clinical and radiological evidence and no expectation of return to function.

The term Paralysis does not include a Dismemberment or Coma.

ACCIDENTAL INJURY BENEFITS

Payment of the Accidental Injury Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

FRACTURE BENEFIT

If a Covered Person sustains an Injury that is a Fracture, We will pay the Fracture Benefit, shown in the Schedule that is applicable to the type of Fracture sustained by the Covered Person, subject to all of the following:

- The Injury must be diagnosed and treated as a Fracture by a Physician within 180 days after the Accident occurs.
- The Fracture must require, and be corrected by, open (surgical) or closed (non-surgical) reduction by a Physician. Closed reduction includes immobilization.
- We will pay no more than one Fracture Benefit per bone, per Accident.
- If more than one bone is Fractured in a single Accident, the amount We will pay for all Fractures combined will be no more than 2 times the highest Fracture Benefit that would otherwise be payable for any one of the bones involved.
- If an Injury is a Chip Fracture, We will pay the Chip Fracture Benefit instead of the Fracture Benefit. The Chip Fracture Benefit will be 25% of the Fracture Benefit shown in the Schedule for the bone involved.
- If the same Fracture is treated with both open reduction and closed reduction, We will pay no more than the Fracture Benefit payable for the open reduction.

Fracture means a break in a bone of a body part that is listed on the Schedule under Fracture Benefit, which can be detected by an x-ray or a similar diagnostic exam.

Chip Fracture means a Fracture in which a small fragment of the bone is broken off.

DISLOCATION BENEFIT

If a Covered Person sustains an Injury that is a Dislocation, We will pay the Dislocation Benefit, shown in the Schedule, that is applicable to the type of Dislocation the Covered Person sustained, subject to all of the following:

- The Injury must be diagnosed and treated as a Dislocation by a Physician within 180 days after the Accident occurs.
- The Dislocation must require, and be corrected by, open (surgical) or closed (non-surgical) reduction by a Physician.
- If more than one joint is Dislocated in a single Accident, the amount We will pay for all Dislocations combined will be no more than 2 times the highest Dislocation Benefit that would otherwise be payable for any one of the joints involved.
- The Partial Dislocation Benefit will be 25% of the Dislocation Benefit shown in the Schedule for a Full Dislocation of the joint involved.
- If a Partial Dislocation Benefit was paid, or becomes payable, and the Covered Person subsequently sustains an Injury that is a Full Dislocation, We will reduce what We pay for the Full Dislocation by the amount that was paid, or is payable, for the Partial Dislocation.
- For each joint, We will pay no more than one Full Dislocation Benefit amount for all Injuries combined that are Dislocations of that same joint, regardless of whether the Injuries are sustained in the same Accident. Once the Covered Person has received an amount equal to one Full Dislocation Benefit for a joint, no further Dislocation Benefits will be paid for that same joint, even if the Covered Person subsequently sustains an Injury that is a Dislocation of that same joint in a new Accident.
- We will only pay benefits for those Dislocations specifically listed in the Schedule.

Dislocation means a separated joint of a body part that is listed on the Schedule under Dislocation Benefit. The term Dislocation does not include vertebral subluxation complex (misaligned vertebrae).

Full Dislocation means a Dislocation in which the joint is completely separated.

Partial Dislocation means a Dislocation in which the joint is not completely separated.

ACCIDENTAL INJURY BENEFITS (Continued)

BURN BENEFIT

If a Covered Person sustains an Injury that is a second or third degree burn, We will pay the Burn Benefit, shown in the Schedule, that is applicable to the size and severity of the burn, subject to all of the following:

- The burn must be treated by a Physician within 96 hours after the Accident occurs.
- If a burn meets more than one of the burn classifications shown in the Schedule, the amount We pay will be based on the classification of the burn that pays the highest benefit.
- We will pay the Burn Benefit no more than one time per Covered Person, per Accident.
- No benefit is payable for a first degree burn.

CONCUSSION BENEFIT

If a Covered Person sustains an Injury that is a concussion, We will pay the Concussion Benefit shown in the Schedule, subject to all of the following:

- The Injury must be diagnosed as a concussion by a Physician within 96 hours after the Accident occurs.
- We will pay the Concussion Benefit no more than 1 time per Covered Person, per calendar year.

COMA BENEFIT

If a Covered Person sustains an Injury that is a Coma or results in the Covered Person being placed in a medically induced Coma, We will pay the Coma Benefit shown in the Schedule, subject to all of the following:

- The Coma must begin within 180 days after the Accident occurs.
- We will pay the Coma Benefit no more than 1 time per Covered Person, per Accident.

LACERATION BENEFIT

If a Covered Person sustains an Injury that is a Laceration and receives treatment from a Physician to repair it, We will pay the Laceration Benefit, shown in the Schedule, that is applicable to the length of the Laceration and the treatment received as follows:

- if the Laceration is repaired with stitches, We will pay the Laceration Benefit repaired with stitches; or
- if the Laceration is not repaired with stitches, We will pay the Laceration Benefit repaired without stitches.

Payment of the Laceration Benefit is subject to all of the following:

- The Laceration must be treated by a Physician within 96 hours after the Accident occurs.
- A Laceration repaired with sutures or staples will be deemed to be a Laceration repaired with stitches for purposes of this Laceration Benefit.
- If the Covered Person has more than one Laceration, the amount We pay will be based on the total length of all Lacerations received in any one Accident that are repaired with stitches. If some, but not all, of the Lacerations require repair with stitches, We will not pay any benefit for the Laceration or Lacerations that are repaired without stitches.
- We will pay the Laceration Benefit no more than:
 - one time per Covered Person, per Accident; and
 - no more than 3 times per Covered Person, per calendar year.

Laceration means a cut.

ACCIDENTAL INJURY BENEFITS (Continued)

BROKEN TOOTH BENEFIT

If a Covered Person sustains an Injury that is a broken tooth and the tooth is repaired by a dental crown or filling, or is extracted, We will pay the Broken Tooth Benefit, shown in the Schedule, that is applicable to the dental crown, filling and/or extraction, subject to all of the following:

- No benefit will be payable for an Injury to a tooth that is not a sound, natural tooth.
- No benefit will be payable for an Injury caused by biting or chewing.
- The dental services must begin within 180 days after the Accident occurs.
- Regardless of the number of teeth involved, We will pay the Broken Tooth Benefit for no more than 1 dental crown, no more than 1 dental filling, and no more than 1 dental extraction per Covered Person, per Accident.

EYE INJURY BENEFIT

If a Covered Person sustains an Injury to an eye, We will pay the Eye Injury Benefit shown in the Schedule, subject to all of the following:

- The Injury to the eye must require Surgery or the removal of a foreign object by a Physician within 180 days after the Accident occurs.
- We will pay the Eye Injury Benefit no more than 1 time per Covered Person, per Accident.

ACCIDENT - MEDICAL TREATMENT & SERVICES BENEFITS

Payment of the Accident – Medical Treatment and Services Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

AIR AMBULANCE BENEFIT

We will pay the Air Ambulance Benefit shown in the Schedule if a licensed professional air ambulance service is required to transport a Covered Person by air to or from a Hospital or between medical facilities, where treatment for an Injury is received, subject to both of the following:

- The air ambulance transportation must be within 90 days after the Accident occurs.
- We will pay the Air Ambulance Benefit no more than 1 time per Covered Person, per Accident.

GROUND AMBULANCE BENEFIT

We will pay the Ground Ambulance Benefit shown in the Schedule if a licensed professional ambulance service is required to transport a Covered Person by ground to or from a Hospital or between medical facilities, where treatment for an Injury is received, subject to both of the following:

- The ambulance transportation must be within 90 days after the Accident occurs.
- We will pay the Ground Ambulance Benefit no more than 1 time per Covered Person, per Accident.

EMERGENCY CARE BENEFIT OR NON-EMERGENCY INITIAL CARE BENEFIT

If a Covered Person sustains an Injury and receives initial care from a Physician for the Injury in an Emergency Room, a Physician's office or an Urgent Care Facility, within 96 hours after the Accident occurs, We will pay the Emergency Care Benefit, shown in the Schedule that is applicable to the place where care is received.

If a Covered Person sustains an Injury and receives initial care from a Physician for the Injury in an Emergency Room, a Physician's office or an Urgent Care Facility, more than 96 hours but less than 180 days after the Accident occurs, We will pay the Non-Emergency Initial Care Benefit shown in the Schedule.

Payment of the Emergency Care Benefit and the Non-Emergency Initial Care Benefit is subject to both of the following:

- We will never pay both the Emergency Care Benefit and the Non-Emergency Care Benefit for the same Covered Person, for the same Accident.
- If We pay either the Emergency Care Benefit or the Non-Emergency Initial Care Benefit, We will pay the benefit no more than 1 time per Covered Person, per Accident.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (Continued)

MEDICAL TESTING BENEFIT

If a Covered Person sustains an Injury and receives any of the following medical tests to evaluate the Injury, We will pay the Medical Testing Benefit shown in the Schedule:

- x-rays;
- magnetic resonance imaging (MRI) or magnetic resonance (MR);
- ultrasound;
- nerve conduction velocity test (NCV);
- computed tomography scan (CT) or computed axial tomography (CAT); or
- electroencephalogram (EEG).

Payment of the Medical Testing Benefit is subject to all of the following:

- The test must be ordered by a Physician and be performed within 180 days after the Accident occurs.
- We will pay the Medical Testing Benefit no more than 2 times per Covered Person, per Accident.

PHYSICIAN FOLLOW-UP VISIT BENEFIT

If a Covered Person sustains an Injury and receives follow-up care, for the Injury, that is recommended by a Physician or is a second opinion, We will pay the Physician Follow-Up Visit Benefit shown in the Schedule, subject to all of the following:

- Treatment must:
 - begin within 180 days after the Accident occurs and be provided within 365 days after the Accident occurs;
 - be specific to the Injury;
 - occur on an outpatient basis in a Physician's office, an Urgent Care Facility or a Hospital; and
 - not be for routine examinations, preventive testing, or any treatment for which a benefit is payable under the Therapy Services Benefit, Emergency Care Benefit or Non-Emergency Initial Care Benefit, or Health Screening Benefit.
- We will pay the Physician Follow-Up Visit Benefit no more than:
 - 2 times per Covered Person, per Accident; and
 - 6 times per Covered Person, per calendar year.

TRANSPORTATION BENEFIT

We will pay the Transportation Benefit shown in the Schedule when a Covered Person travels more than 50 miles one way for follow-up treatment of an Injury for which We pay a benefit under this Certificate, at a Hospital or other treatment facility, subject to all of the following:

- Mileage is measured from the Covered Person's Primary Residence to the facility where the follow-up treatment is provided.
- The follow-up treatment must be prescribed by a Physician and not available within 50 miles of the Covered Person's Primary Residence.
- You must submit Proof that the follow-up treatment was provided.
- We will not pay the Transportation Benefit if the Ground Ambulance Benefit or Air Ambulance Benefit is payable for the trip.
- We will pay the Transportation Benefit no more than:
 - 1 time per Covered Person, per Accident; and
 - 3 times per Covered Person, per calendar year.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (Continued)

THERAPY SERVICES BENEFIT

If a Covered Person sustains an Injury and receives Therapy Services, We will pay the Therapy Services Benefit shown in the Schedule that applies to the type of Therapy Service received, subject to all of the following:

- Therapy Services must:
 - begin within 180 days after the Accident occurs and be provided within 365 days after the Accident occurs;
 - be provided on an outpatient basis;
 - be prescribed by a Physician; and
 - be provided by a practitioner licensed to provide the type of Therapy Services provided and operating within the scope of such license.
- We will pay the Therapy Services Benefit for Therapy Services received no more than 10 times per Covered Person, per Accident.
- We will not pay a Therapy Services Benefit for Therapy Services received by the Covered Person on the same day for which the Inpatient Rehabilitation Benefit is payable.

Therapy Services means any of the following:

- cognitive behavioral therapy;
- occupational therapy;
- physical therapy;
- respiratory therapy;
- speech therapy;
- vocational therapy;
- acupuncture; or
- chiropractic therapy.

PAIN MANAGEMENT BENEFIT (FOR EPIDURAL ANESTHESIA)

If a Covered Person sustains an Injury and receives epidural anesthesia to manage the pain from the Injury, We will pay the Pain Management Benefit shown in the Schedule, subject to all of the following:

- The epidural anesthesia must be administered within 180 days after the Accident occurs.
- Epidural anesthesia to manage the pain from the Injury must be prescribed by a Physician.
- We will pay the Pain Management Benefit no more than 1 time per Covered Person, per Accident.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (Continued)

PROSTHETIC DEVICE BENEFIT

If a Covered Person sustains an Injury that is a loss of a limb, hand, foot or sight in an eye and receives a Prosthetic Device as a result of the loss, We will pay the Prosthetic Device Benefit, shown in the Schedule, that is applicable to the number of Prosthetic Devices the Covered Person receives, subject to all of the following:

- The Prosthetic Device must be received within 365 days after the Accident occurs.
- No benefit will be payable for replacement of a Prosthetic Device.
- No benefit will be payable for more than one Prosthetic Device for the same body part.
- We will not pay the Prosthetic Device Benefit for a joint replacement such as an artificial hip or knee.
- We will pay the Prosthetic Device Benefit no more than 1 time per Covered Person, per Accident.

Prosthetic Device means an artificial device that replaces a missing body part. The term Prosthetic Device does not include hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic prostheses such as wigs.

MEDICAL APPLIANCE BENEFIT

If a Covered Person sustains an Injury for which a Physician prescribes the use of a Medical Appliance as an aid in personal locomotion or mobility, We will pay the Medical Appliance Benefit, shown in the Schedule, for the type of Medical Appliance that the Physician prescribes, subject to all of the following:

- The use of such Medical Appliance must begin within 180 days after the Accident occurs.
- The amount We will pay for all Medical Appliances combined, per Covered Person, per Accident, will be no more than the Medical Appliances Benefit Limit shown in the Schedule.
- We will not pay the Medical Appliance Benefit for the replacement of a Medical Appliance.

Medical Appliance means any of the following:

- brace for the neck, back or leg;
- cane;
- crutches;
- walker;
- walking boot that extends above the ankle;
- wheelchair or motorized scooter for medical purposes; and
- any other medical device used for mobility.

MODIFICATION BENEFIT

If a Covered Person sustains an Injury for which We paid a Dismemberment, Functional Loss or Paralysis Benefit under this Certificate, We will pay the Modification Benefit shown in the Schedule for modifications made to the Covered Person's Primary Residence or vehicle, subject to all of the following:

- A Physician must certify that because of the Injury, the modification is necessary to help enable the Covered Person to live in his or her Primary Residence or travel in his or her primary vehicle.
- The modification must be made within 365 days after the Accident occurs.
- We will pay the Modification Benefit no more than 1 time per Covered Person, per Accident.

BLOOD / PLASMA / PLATELETS BENEFIT

If a Covered Person sustains an Injury for which the Covered Person receives a transfusion of blood, plasma or platelets, We will pay the Blood/Plasma/Platelets Benefit shown in the Schedule, subject to all of the following:

- The blood, plasma or platelets must be prescribed by a Physician on an emergency basis or provided while the Covered Person is undergoing Surgery and must be administered within 180 days after the Accident.
- We will pay the Blood/Plasma/Platelets Benefit no more than 1 time per Covered Person, per Accident.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (Continued)

SURGERY BENEFITS

If a Covered Person undergoes Covered Surgery to treat an Injury, while Confined or in an Outpatient Surgery Facility, We will pay the applicable benefit shown in the Schedule under Surgery Benefits, for the type of Covered Surgery the Covered Person undergoes, subject to all of the following:

- The Covered Person must be treated by a Physician for the Injury within 180 days after the Accident occurs.
- The Covered Surgery must be performed by a Physician within 365 days after the Accident occurs.
- If the Covered Surgery is performed with repair, We will pay the Surgical Repair Benefit shown in the Schedule for the applicable procedure.
- If the Covered Surgery performed is Exploratory Surgery, We will pay the Exploratory Surgery Benefit shown in the Schedule.
- If as a result of the same Accident, the Covered Person has more than one Covered Surgery performed at the same time, We will only pay a benefit for one Covered Surgery, which will be the Covered Surgery with the highest benefit amount.
- If as a result of the same Accident, the Covered Person has a Covered Surgery and an Other Outpatient Surgery performed at the same time, We will only pay one benefit which will be the benefit that pays the higher amount.
- We will pay Surgery Benefits no more than 1 time per Covered Person, per Accident.

Exploratory Surgery means a Covered Surgery performed without surgical repair. For Surgery to treat torn cartilage in the knee, if cartilage is shaved or trimmed from the knee, the Surgery will be considered Exploratory Surgery and not a Surgery with repair.

OTHER OUTPATIENT SURGERY BENEFIT

If a Covered Person sustains an Injury and undergoes Other Outpatient Surgery to treat the Injury in an Outpatient Surgery Facility, We will pay the Other Outpatient Surgery Benefit shown in the Schedule, subject to all of the following:

- The Covered Person must be treated by a Physician for the Injury within 180 days after the Accident occurs.
- The Surgery must be performed by a Physician in an Outpatient Surgery Facility within 365 days after the Accident occurs.
- If as a result of the same Accident, the Covered Person has a Covered Surgery and an Other Outpatient Surgery performed at the same time, We will only pay one benefit which will be the benefit that pays the higher amount.
- We will pay the Other Outpatient Surgery Benefit no more than 1 time per Covered Person, per Accident.

HOSPITAL BENEFITS

Payment of the Hospital Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

ACCIDENT – HOSPITAL ADMISSION BENEFITS

Admission Benefit

If a Covered Person is admitted to a Hospital for treatment of an Injury, We will pay the Admission Benefit shown in the Schedule, for the day of admission, subject to all of the following:

- The admission must occur within 180 days after the Accident occurs.
- The Admission Benefit is not payable for Emergency Room treatment, outpatient treatment, or a stay of less than 20 hours in an observation area.
- We will only pay the Admission Benefit for a Covered Person for one Hospital admission at a time, even if the admission is caused by more than one Accident and/or Injury.
- We will pay the Admission Benefit no more than 1 time per Covered Person, per Accident.

ICU Supplemental Admission Benefit

If a Covered Person, upon initial admission to a Hospital for treatment of an Injury, is admitted to an ICU, We will pay the ICU Supplemental Admission Benefit shown in the Schedule, in addition to the Admission Benefit, if the admission meets the requirements for payment of the Admission Benefit, subject to both of the following additional requirements:

- The admission must occur within 180 days after the Accident occurs.
- If the Covered Person moves to an ICU after initial admission to a Hospital, We will not pay the ICU Supplemental Admission Benefit.

ACCIDENT - HOSPITAL CONFINEMENT BENEFITS

Confinement Benefit

If a Covered Person is Confined in a Hospital for treatment of an Injury, We will pay the Confinement Benefit shown in the Schedule for each day, after the day of admission to the Hospital, the Covered Person is Confined in the Hospital, subject to all of the following:

- The initial Confinement must begin within 180 days after the Accident occurs.
- The Confinement Benefit is payable for up to 365 days per Covered Person, per Accident, and may be used over a two-year period following the date of the Accident.
- We will only pay the Confinement Benefit for a Covered Person for one Hospital Confinement at a time, even if the Confinement is caused by more than one Accident and/or Injury.
- We will only pay one Confinement Benefit per day.

ICU Supplemental Confinement Benefit

If a Covered Person is Confined in a Hospital for treatment of an Injury, We will pay the ICU Supplemental Confinement Benefit shown in the Schedule in addition to the Confinement Benefit, for each day the Covered Person is Confined in an Intensive Care Unit and meets the requirements for payment of the Confinement Benefit, subject to both of the following additional requirements:

- Confinement in the Intensive Care Unit must begin within 180 days after the Accident occurs.
- The ICU Supplemental Confinement Benefit is payable for up to 365 days per Covered Person, per Accident.

HOSPITAL BENEFITS (Continued)

INPATIENT REHABILITATION BENEFIT

If a Covered Person is transferred to a Rehabilitation Facility immediately after a period of Confinement for treatment of an Injury for which We paid an Admission Benefit or Confinement Benefit, We will pay the Inpatient Rehabilitation Benefit shown in the Schedule, subject to all of the following:

- We will pay the Inpatient Rehabilitation Benefit for each day of the Covered Person's continuous stay as a resident inpatient in a Rehabilitation Facility, up to a maximum stay of 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
- The Covered Person's inpatient stay in the Rehabilitation Facility must start within 365 days after the Accident.
- After the Covered Person is discharged from the Rehabilitation Facility, We will not pay the Inpatient Rehabilitation Benefit for a subsequent admission to a Rehabilitation Facility for treatment of the same Injury for which We already paid the Inpatient Rehabilitation Benefit.
- We will not pay the Inpatient Rehabilitation Benefit for any day for which We paid a Confinement Benefit.

OTHER BENEFITS

Payment of the Other Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

HEALTH SCREENING BENEFIT

If a Covered Person takes one of the screening/prevention measures listed below while insured under this Certificate, upon submission of Proof, We will pay the Health Screening Benefit shown in the Schedule for the day that the measure is taken, subject to all of the following:

- We will only pay the Health Screening Benefit 1 time per Covered Person, per calendar year.
- We will not pay a Health Screening Benefit for a screening/prevention measure if benefits are paid or payable for that same screening/prevention measure under another section of this Certificate.

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)
- 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
- hemocult stool specimen
- hemoglobin A1C
- human papillomavirus (HPV) vaccination
- immunization
- lipid panel

OTHER BENEFITS (Continued)

- 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
- virtual colonoscopy
- coronavirus testing

LODGING BENEFIT

If a Covered Person is Confined in a Hospital for treatment of an Injury, and a companion who accompanies the Covered Person while the Covered Person is so Confined stays in a Lodging for which a charge is made, We will pay the Lodging Benefit shown in the Schedule subject to all of the following:

- We will pay the Lodging Benefit for each day the companion stays in a Lodging while the Covered Person is Confined in a Hospital for treatment of an Injury.
- We will pay the Lodging Benefit for up to 30 days per Covered Person per calendar year.
- The Lodging Benefit is only payable for a day for which We are paying a Hospital Admission or Confinement Benefit for a Covered Person.
- You must submit Proof that the companion incurred an expense for staying at a Lodging for each day of the stay.

Lodging means an establishment licensed under the laws where it is located, such as a motel, hotel, or other facility that provides sleeping accommodations to the general public in exchange for a fee and is located at least 50 miles from the Covered Person's Primary Residence.

EXCLUSIONS

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 this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a Physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person to carry out the duties and responsibilities of their service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person 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.

EXCLUSIONS (Continued)

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:
 - any medical or healthcare treatment, services or transportation described in the Accident – Medical Treatment & Services Benefits section of this Certificate;
 - any inpatient admission or stay in any medical or health care facility.

WHEN INSURANCE ENDS

Please Note: If insurance ends under this section, in certain cases it may be continued as stated in the Continuation of Insurance section of this Certificate. Please see that section for details.

Termination of a Covered Person's insurance in accordance with this section, will be without prejudice to an existing claim.

DATE YOUR INSURANCE ENDS

Your insurance under this Certificate 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 Your insurance;
- the end of the calendar month in which You notify Us that You wish to cancel Your insurance;
- the end of the calendar month in which You cease to be in an eligible class, subject to the Change in Class provision of the Eligibility Provisions: Insurance for You section; or
- the end of the calendar month in which Your employment ends.

For residents of Massachusetts:

If You are a resident of Massachusetts and Your insurance under this Certificate is ending under the above provision because Your employment has ended, instead of insurance ending on the date Your employment ends, the following timelines apply:

- If Your employment ends for any reason other than a Plant Closing or a Partial Plant Closing, Your insurance will end 31 days after the date Your employment ends. However, if during such 31 day period You become entitled to benefits under another policy that are similar to the benefits provided under this Certificate, insurance under this Certificate will end on the date You become entitled to such other benefits.
- If Your employment ends due to a Plant Closing or a Partial Plant Closing Your insurance will end 90 days after the date Your employment ends. However, if during such 90 day period, You become entitled to benefits under another policy that are similar to the benefits provided under this Certificate insurance under this Certificate will end on the date You become entitled to such other benefits.

DATE DEPENDENT INSURANCE ENDS

A Dependent's insurance under this Certificate will end on the earliest of:

- the date Your insurance under this Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for Your class;
- the end of the calendar month in which the person ceases to be a Dependent;
- the end of the calendar month in which You cease to be in a class that is eligible for Dependent Insurance;
- the end of the calendar month in which the Dependent is no longer eligible as described in the Eligible Classes for Dependent Insurance provision; or
- the end of the period for which the last full premium has been paid for insurance for the Dependent.

CHANGE IN CLASS

If there is more than one class eligible for insurance under the Group Policy, and each class has its own certificate, instead of receiving a new certificate when You move between classes, You will remain insured under this Certificate if:

- You move to a class that is eligible for Accident Insurance under the Group Policy; and
- the benefits available to Your new class are identical to the benefits available under this Certificate.

In all other cases when You move between classes, Your insurance under this Certificate will end on the date You are no longer a member of the class eligible for insurance under this Certificate.

WHEN INSURANCE ENDS (Continued)

EXTENSION OF BENEFITS

If You are Disabled on the date that the Group Policy ends, coverage for hospitalization will be extended under the Hospital Benefits section of Your Certificate for losses due to the Disability until the earlier of:

1. the date You cease to be Disabled; or
2. the end of 90 days following the date that the Group Policy ends.

Benefits will continue to be paid under the terms of this Certificate during the extension and will only be payable for losses due to the Disability.

For purposes of this Extension of Benefits provision, the following definition applies:

Disabled or **Disability** means that, solely due to an Injury for which We paid a benefit under this Certificate, You are:

- prevented from performing any occupation for which You are or become reasonably fitted by Your education, training or experience; and
- not gainfully employed.

CONTINUATION OF INSURANCE

AT YOUR OPTION: CONTINUATION WITH PREMIUM PAYMENT

If Your insurance ends under the Date Your Insurance Ends provision of this Certificate, in certain situations, it may be continued for You and Your Dependents, as described in this provision. This is referred to in this provision as "Continued Insurance". For purposes of this provision, insurance in effect under the Group Policy for which the Group Policyholder remits premium is referred to in this provision as "Group Billed Insurance".

Except as described below, Continued Insurance is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

Requirements for Continued Insurance

Continued Insurance will be available to You if:

- Your Group Billed Insurance ends for any reason other than:
 - non-payment of premium or Contribution; or
 - the end of the Group Policy, provided that Continued Insurance will be available to You if You do not become eligible, within 30 days after the end of the Group Policy, for accident insurance under another policy of group insurance available through the Group Policyholder;
- We receive Your completed Written request for Continued Insurance on a form approved by Us within 60 calendar days after Your Group Billed Insurance ends; and
- You pay premiums required for Continued Insurance by the due date specified in the premium notice sent to You.

Changes in Continued Insurance

You may elect to decrease Your insurance after the date that Continued Insurance goes into effect for You if a lower benefit option is available. In addition, You may end insurance for any or all of Your Dependents. Please contact Us for information. You may not increase insurance once Continued Insurance goes into effect.

Contributions for Continued Insurance

The Contribution that You must pay for Continued Insurance is the amount of Your Contribution for Your Group Billed Insurance before it ended, plus any amount of premium that the Group Policyholder paid. The Contribution that You must pay for Continued Insurance will be determined on the same basis as premium rates charged for Group Billed Insurance. We have the right to change premium rates in accordance with the terms set forth in the Group Policy. All payments for Continued Insurance must be made directly to Us by the due date specified in the premium notice We send to You.

End of Continued Insurance

Continued Insurance will end on the earliest of the following dates:

- the date You die;
- if You do not pay a Contribution that is required for Continued Insurance, the end of the period for which the last full premium has been paid for Your insurance;
- with respect to Continued Insurance for a Dependent:
 - the date Continued Insurance for You ends for any reason;
 - the end of the calendar month in which the Dependent no longer meets the definition of a Dependent; or
 - the end of the calendar month in which the Dependent is no longer eligible as described in the Eligibility Provisions: Dependent Insurance section of this Certificate.

CONTINUATION OF INSURANCE (Continued)

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Dependent Child attains the age limit and at reasonable intervals after such date, but no more often than annually after the two year period following such Dependent Child's attainment of the limiting age.

Except as stated in the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) or similar state laws for continuation of insurance. Please contact the Group Policyholder for information regarding the FMLA or any similar state law.

CLAIMS

NOTICE OF CLAIM

You must give Us notice of a claim under this Certificate by Writing to Us or calling Us at the toll free number shown on the face page of this Certificate within 30 days of the date of the loss.

CLAIM FORM

When We receive notice of a claim under this Certificate, We will provide You or the claimant (for a death claim) with a claim form. If We do not provide the claim form within 15 days from the date We received notice of claim, Our claim form requirements will be satisfied if We are provided with the required Proof in support of the claim.

PROOF OF LOSS

Proof must be provided to Us not later than 90 days after the date of the loss. If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 12 months from the date of the loss.

PAYMENT OF BENEFITS

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this Certificate and the Group Policy.

Unless You have assigned this insurance, all benefits to be paid under this Certificate will be paid to You, except as follows:

- If You are not alive to receive benefits that are payable to You, We will pay any benefits in accordance with the provision below titled Your Beneficiary.
- If You are living when benefits are to be paid to You, but You are not legally competent to claim or receive the benefits, We may pay up to \$10,000 to anyone related to You by blood or marriage who We believe is entitled to payment of the benefits. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay. Any remaining benefits will be paid to Your legal representative.

If benefits have been assigned, We will pay benefits in accordance with the Assignment provision of the General Provisions section.

YOUR BENEFICIARY

A beneficiary may be named by You to receive any benefit that becomes payable to You under this Certificate that You are not alive to receive.

You may request to change Your beneficiary at any time. A beneficiary change request must be made to Us in Writing. Once the request is recorded, the change will take effect as of the date You sign the request, whether or not You are living when We receive the request. The change will be subject to any legal restrictions. It will also be subject to any payment We made or action We took before We recorded the change. If You designated two or more beneficiaries and their shares are not specified, they will share the benefit payable equally.

If there is no beneficiary designated or no surviving beneficiary at Your death, We will determine the beneficiary according to the following order:

1. Your Spouse, if alive;
2. Your child(ren), if there is no surviving Spouse;
3. Your parent(s), if there is no surviving child;
4. Your sibling(s), if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

CLAIMS (Continued)

Instead of making payment in the order above, We may pay Your estate. Any payment made in good faith will discharge Our liability to the extent of such payment. If a beneficiary or a Payee is a minor or incompetent to receive payment, We will pay that person's guardian.

HOW WE WILL PAY ACCIDENTAL DEATH BENEFITS

A benefit due under the Accidental Death Benefits section of this Certificate will be paid in one sum to the Payee. Unless the Payee requests payment by check, when this Certificate states that We will pay benefits in "one sum", We may pay the full benefit amount:

- by check;
- by establishing an account that earns interest and provides the Payee with immediate access to the full benefit amount; or
- by any other method that provides the Payee with immediate access to the full benefit amount.

Other modes of payment may be available upon request.

Payee means a person to be paid a benefit under the Accidental Death Benefits section of this Certificate as determined in accordance with this Payment of Benefits provision.

AUTHORIZATIONS

We may require that You provide authorization for Us to obtain medical information and any other information pertinent to Your claim.

EXAMINATIONS

During the pendency of a claim, at Our expense and as often as is reasonably necessary, We may require a Covered Person to have an independent examination by a Physician of Our choice.

During the pendency of a claim, at Our expense and as often as is reasonably necessary, We may have Our representatives conduct telephone or in-person interviews with You regarding Your claim.

AUTOPSY

At Our expense, We have the right to make a reasonable request for an autopsy and/or exhumation where permitted by law. Any such request will set forth the reasons We are requesting the autopsy or exhumation.

TIME LIMIT ON LEGAL ACTIONS

No legal action may be brought to recover on a claim within 60 days after the date Proof has been given as required by this Certificate. No such action may be brought after the expiration of the applicable statute of limitations from the date Proof is required to be given under the terms of this Certificate.

GENERAL PROVISIONS

ENTIRE CONTRACT

Your insurance is provided under a contract of group insurance with the Group Policyholder. The entire contract with the Group Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the Certificate(s);
- the Group Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

INCONTESTABILITY: STATEMENTS MADE BY YOU

Any statement made by You will be considered a representation and not a warranty. We will not use such a statement to void insurance, reduce benefits or defend a claim unless the following requirements are met:

- the statement is in a form that is in Writing;
- You have Signed the form; and
- a copy of the form has been given to You or Your beneficiary.

We will not use Your statements which relate to insurability to contest this insurance after it has been in force for 2 years, unless the statement is fraudulent. In addition, We will not use such statements to contest a benefit increase after the benefit increase has been in force for 2 years, unless such statement is fraudulent.

MISSTATEMENTS

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or Contributions.

ASSIGNMENT

The benefits under the Group Policy are not assignable prior to a claim, except as required by law.

CONFORMITY WITH LAW

If the terms and provision of this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

STANDARD OF TIME

All insurance becomes effective and terminates at 12:01 A.M. Eastern Standard Time, or at 12:01 A.M. Eastern Daylight Time if Daylight Savings Time is then being observed.

**THIS IS THE END OF THE CERTIFICATE. WHAT FOLLOWS ARE THE OUTLINES OF COVERAGE
FOR ALL APPLICABLE STATES.**



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 any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF ALASKA:

The following information affects the Therapy Services Benefit:

- The Therapy Services Benefit will not be paid for the following therapy service(s): or .

The following information applies if Continued Insurance takes effect for you under the At Your Option: Continuation With Premium Payment provision in the Certificate:

Grace Period

There is a grace period of 31 days from the date Continued Insurance would otherwise end, if you do not pay the contribution for Continued Insurance on the date it is due, as specified in the premium notice we send to you. This means each contribution that is due after the first contribution for Continued Insurance may be paid up to 31 days after its due date. During the grace period, your Continued Insurance will stay in force.

Reinstatement of Continued Insurance

If we do not receive the premium due for your Continued Insurance before the end of the grace period, your Continued Insurance will lapse. No benefits are payable under the Certificate due to any accident that occurs during the period your Continued Insurance is lapsed. After your Continued Insurance has lapsed, such insurance may be reinstated if:

- you request reinstatement within 2 months after the date Continued Insurance lapsed;
- we approve your request; and
- you make a premium payment to us for the first month of your reinstated Continued Insurance by the due date specified in the premium notice.

If we approve your request for reinstatement, or, if we have not sent you a written disapproval within 45 days after your reinstatement request, and, we receive the premium due for your reinstated insurance, your Continued Insurance will be reinstated effective the earlier of:

- the first day of the calendar month that coincides with or next follows the date we approve your request; or,
- the first day of the calendar month that coincides with or next follows the end of the 45 day period which follows the date you made your request for reinstatement.

Time Limit on Defenses

The following provision replaces the Incontestability: Statements by You provision in the General Provisions section of the Certificate:

After three years from the effective date of any of the following:

- your insurance under the Certificate;
- any change in the terms of the Certificate; or
- reinstatement,

no misstatements, except fraudulent misstatements, made by you can be used to avoid the insurance under the Certificate, after the end of such three-year period.

Entire Contract

The entire contract is made up of the following:

1. the Group Policy, and its exhibits, including the Certificate, and, any riders to this Certificate;
2. the group policyholder's application; and
3. the amendments and endorsements to the Group Policy, if any.

The Group Policy, when issued, shall contain the entire contract between the parties.

The terms and provisions of the Group Policy may be changed, at any time, without the consent of the persons insured under it or anyone else with a beneficial interest in it. MetLife will issue amendments or endorsements

to effect such changes. MetLife will only make changes that are consistent with applicable law. An amendment or endorsement will not affect the insurance provided under certificates issued before the effective date of the change, unless retroactivity is consistent with applicable law.

An officer of MetLife must approve in writing any change or waiver of the terms and provisions of the Group Policy. A sales representative, or other MetLife employee, who is not an officer of MetLife does not have MetLife's authority to approve such changes or waivers. A change or waiver will be evidenced by an amendment signed by an officer of MetLife and the group policyholder or an endorsement signed by an officer of MetLife. A copy of the amendment or endorsement will be provided to the group policyholder for attachment to the policy.

Your coverage includes the Building Benefit:

- The Building Benefit Certificate Rider increases the benefit amounts payable under the accident Certificate once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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.

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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 any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF ARKANSAS:

The following information affects dependent definitions and dependent eligibility requirements:

- The timeframes included in the Date Dependent Insurance Takes Effect provision of your Certificate which address: providing notice of an adopted child becoming your dependent; how long coverage will initially take effect for such a child; and the provision of permission for any required payroll deduction of contributions for such child, will not be less than 60 days.

Your coverage includes the Building Benefit:

- The Building Benefit Certificate Rider increases the benefit amounts payable under the accident Certificate once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

**ACCIDENT-ONLY COVERAGE
WITH HEALTH SCREENING BENEFIT RIDER**

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OUTLINE OF COVERAGE

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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF COLORADO:

The type of insurance provided under the Certificate is Accident Insurance with Health Screening Benefit.

The following information affects the dependent child definition and dependent child eligibility requirements:

- A child of your domestic partner is eligible for coverage as a dependent child who is a stepchild.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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!**
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- 3) Benefits:** The listing below shows the benefits provided for you – benefits for any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

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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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF CONNECTICUT:

The following information affects dependent definition and dependent eligibility requirements:

- The timeframes included in the Date Dependent Insurance Takes Effect provision of your Certificate which address: providing notice of a newborn; how long coverage will initially take effect for such a child; will not be less than 61 days.

The following definition(s) apply to your coverage:

- **Accidental Ingestion** means accidentally taking into the body, by mouth, a drug that contains a substance that has been defined as a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended. A controlled substance does not include alcohol, nicotine and caffeine. The term Accidental Ingestion does not include the voluntary use of a controlled substance unless such controlled substance is taken or used as prescribed by a physician.
- **Coma** means a continuous state of profound unconsciousness, characterized by an abnormal computerized tomography (CT) scan, magnetic resonance imaging (MRI), or electroencephalography (EEG), a Glasgow Coma Scale value less than 9, and the presence of one or more of the following clinical symptoms:
 - absence of purposeful response to commands, including eye opening, verbal response; and motor response;
 - depressed brainstem reflexes, such as pupils not responding to light;
 - no response of limbs, except for reflex movements; or
 - no response to painful stimuli, except for reflex movements.

The following information affects Accidental Functional Loss Benefits:

- **Functional Loss** means any of the following:
 - Permanent loss of hearing: permanent deafness in at least one ear, such that it cannot be corrected to any functional degree by any procedure, aid or device. Permanence of the loss of hearing must be established by clinical and diagnostic testing and confirmed by a physician whose medical training and clinical specialty are appropriate for treating this type of functional loss condition.
 - Permanent loss of sight: permanent loss of sight in an eye. With correction, visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees. Permanence of the loss of sight must be supported by clinical and diagnostic testing confirmed by a physician whose medical training and clinical specialty are appropriate for treating this type of functional loss condition.
 - Permanent loss of ability to speak: total and permanent loss of audible communication (aphonia), if such loss cannot be corrected to any functional degree by any procedure, aid or device. Permanence of the loss of ability to speak must be established by clinical and diagnostic testing and confirmed by a physician whose medical training and clinical specialty are appropriate for treating this type of functional loss condition.

The following information affects Paralysis Benefits:

Paralysis means the permanent total and irrecoverable loss of movement of 2 or more limbs:

- that is established by clinical and diagnostic evidence and confirmed by a physician whose medical training and clinical specialty are appropriate for treating this type of condition; or
- that is the result of a transected spinal cord with no expectation of return to function as established by clinical and diagnostic evidence and confirmed by a physician whose medical training and clinical specialty are appropriate for treating this type of condition.

The term Paralysis does not include a dismemberment or coma.

The following information affects Accident – Medical Treatment and Services Benefits:

- **The Home Care Benefit described below is included in your coverage:**

If a covered person requires nursing care or treatment for an injury and goes home following discharge from a hospital confinement for which we paid an Admission Benefit, we will pay the Home Care Benefit shown on the schedule within this outline of coverage for each day the covered person receives care at home, subject to the following:

- Care at home must be prescribed by a physician and provided for the same injury for which the Admission Benefit was paid.
- Care at home must begin within 7 days after the discharge.
- The care at home must be provided by a registered professional nurse (R.N.), licensed practical nurse (L.P.N.) or licensed vocational nurse (L.V.N.) who is licensed under the laws where the services are performed or through a Home Care Agency.
- We will pay the Home Care Benefit no more than:
 - 2 days per covered person per accident; and
 - 10 days per covered person, per lifetime.

We will not pay the Home Care Benefit for Therapy Services received by a covered person.

For purposes of the Home Care Benefit, a Home Care Agency means an organization or agency that:

- is certified as a home health care agency by Medicare; or
- if licensing or certification is required, maintains all appropriate licensing and/or certification under the laws where it is located, or under a public health law or similar law, to provide home care services; or
- if licensing or certification is not required, meets ALL of the following requirements:
 - uses home care aides, trained or certified in accordance with any laws which apply to the care that they provide;
 - has at least 5 clients;
 - provides on-site supervision of home care aides and homemakers by a qualified person;
 - provides on-call availability of a supervisor of the organization;
 - requires, at a minimum, a background check and employment eligibility verification for all home care aides and homemakers;
 - home care aides and homemakers are employees of the organization or agency and are not independent contractors;
 - has a written treatment plan in place for each client;
 - maintains a written record of services performed for each client; and
 - a majority of the organization's or agency's clients are not related to the organization's or agency's owner or manager.

- **The Accidental Ingestion Outpatient Treatment Benefit described below is included in your coverage:**

If a covered person receives emergency treatment in an emergency room, urgent care facility or physician's office for an Accidental Ingestion, we will pay the applicable Accidental Ingestion Outpatient Treatment Benefit shown in the Benefits Summary below, subject to the following:

- Treatment must:
 - begin within 72 hours after the Accidental Ingestion occurs and be provided within 60 days after the Accidental Ingestion occurs;
 - be specific to the Accidental Ingestion; and
 - not be for routine examinations or preventative testing.
- We will pay benefits for each service listed under the Accidental Outpatient Treatment Benefit in the schedule included within this outline of coverage no more than one time per covered person, per day.
- We will pay no more than \$500 for all benefits paid under this provision per covered person: per Accidental Ingestion; and per calendar year.
- We will not pay any of the following benefits for treatment of an Accidental Ingestion: the Emergency Care Benefit, Non-Emergency Initial Care Benefit, or Physician Follow-Up Visit Benefit. We will instead pay the Accidental Ingestion Outpatient Treatment Benefit.

If the Accidental Ingestion Outpatient Benefit is payable for treatment of any injury(ies) that are a direct result of an Accidental Ingestion on the same day that the Emergency Care Benefit, Non-Emergency Initial Care Benefit, or Physician Follow-Up Visit Benefit is payable for treatment of such injury(ies), we will only pay the Accidental Ingestion Outpatient Treatment Benefit for treatment of such injury(ies) received that day, and not the Emergency Care Benefit, Non-Emergency Initial Care Benefit, or Physician Follow-Up Visit Benefit.

The following information affects Accident-Hospital Benefits:

- The Accidental Ingestion Confinement Benefit described below is included in your coverage.

Accidental Ingestion Confinement Benefit

We will pay hospital benefits for a covered person's confinement for emergency treatment of an Accidental Ingestion, subject to and in accordance with all of the following:

- For each day that the covered person is confined for emergency treatment for an Accidental Ingestion:
 - if the Admission Benefit or Confinement Benefit is payable for that day, we will pay the Admission Benefit or Confinement Benefit shown in the Benefits Summary below (as applicable), and not the Accidental Ingestion Confinement Benefit; and
 - we will pay the Accidental Ingestion Confinement Benefit for a day that the Admission Benefit or Confinement Benefit is not payable because the maximum number of days for payment of those benefits has been reached.
- For Confinement(s) for Accidental Ingestion, we will pay the Admission Benefit, Confinement Benefit and Accidental Ingestion Confinement Benefit combined, no more than:
 - 30 days per covered person per Accidental Ingestion; and
 - 30 days per covered person per calendar year.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects the end of insurance:

- The group policyholder agrees to provide you with at least 15 days advance notice prior to cancellation or discontinuation of the Group Policy.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300
Home Care Benefit	\$25 per day
Accidental Ingestion Outpatient Treatment Benefit: Emergency Room Urgent Care Facility Physician's Office (paid no more than \$500 per accidental ingestion and per calendar year)	\$150 \$75 \$75

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Accidental Ingestion Confinement Benefit (paid for no more than 30 days per accidental ingestion and 30 days per calendar year)	\$50 per day
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

4) Exclusions and limitations:

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

- the voluntary use, of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the covered person's physician for the covered person;
- 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 in a professional capacity in 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; or
- 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.

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

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

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

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

Availability of an Additional Service

A Health Screening Benefit* is offered under your plan. Please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit's availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this service. Please call MetLife's toll-free at 1-800-GETMET8 for further information.

*The Health Screening Benefit is referred to as the Accident Prevention Screening Benefit in some states.

Your Outline of Coverage begins on the next page.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

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

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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 any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF IDAHO:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage to at least age 25, regardless of student status.
- A child who is eligible as a dependent child under the terms of the Certificate includes any such child who has a congenital anomaly.
- If a dependent child must be supported by you in order to be eligible for coverage, such support requirement will be satisfied if the child is receiving more than one-half of their financial support from you.
- A newborn dependent child or a dependent child adopted by you, or placed for adoption with you, while insurance is in effect under the Certificate will be covered:
 - for a newborn child, for 60 days from the moment of birth;
 - for an adopted child:
 - from the moment of birth if placement for adoption or adoption occurs within 60 days after the child's birth; or
 - from the date of adoption or placement for adoption if the child is adopted by you or placed for adoption with you more than 60 days after the child's birth.
- If dependent coverage is not already in effect for at least one other dependent child, to continue coverage beyond the first 60 days of coverage for a newborn child or if you adopt a child:
 - You must notify us and provide any required permission to deduct any required contributions for your pay for dependent insurance for the newborn child.
 - You must notify us and provide any required permission to deduct any required contributions for your pay for dependent insurance for the adopted child within 60 days of the date the child is adopted by or placed for adoption with you.
 - Any additional contributions, if required, for a newborn child or an adopted child must be received by us within 31 days following:
 - the date that the monthly premium invoice is received by the group policyholder and the notice of premium contributions has been provided to you, if your premium contributions are being paid by payroll deductions; or
 - receipt by you of a bill for the required additional premium contributions, if you are directly billed for payment of premium contributions.
- Registered domestic partners are eligible for coverage. In addition, same and opposite sex domestic partners who are not registered are eligible for coverage if they otherwise meet the requirements set forth in the Certificate for unregistered domestic partners.

The following information affects definitions:

- The following definition applies to your coverage: Congenital anomaly means a condition existing at or from birth that is a significant deviation from the common form or function of the body, whether caused by a hereditary or developmental defect or disease. The term significant deviation is defined to be a deviation which impairs the function of the body and includes but is not limited to the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies.

The following information affects the Accidental Dismemberment / Functional Loss / Paralysis Benefits:

- The time period within which the loss must be documented by a physician after the accident occurs is the greater of 90 days or the time period set forth in the Certificate.
- The continuous period for the duration of the loss will be the lesser of 90 days or the time period set forth in the Certificate.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

Your coverage includes the Building Benefit:

- The Building Benefit Certificate Rider increases the benefit amounts payable under the accident Certificate once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

4) Exclusions and limitations:

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

- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection or riot;
- the covered person's participation in a felony;
- dental care or treatment or cosmetic surgery except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under 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 alcoholism or drug addiction;
- the covered person's mental or emotional disorders or treatment of such mental or emotional disorders except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's performance of professional aviation duties for wage or profit;
- if acting in a professional capacity for wage or profit, the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person participating in any professional competitive athletic activity for which any type of compensation or remuneration is received; or
- if acting in a professional capacity for wage or profit, the covered person hang gliding, para-kiting or sail-gliding.

In addition, the Certificate does not provide benefits for:

- 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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.

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OUTLINE OF COVERAGE

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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF LOUISIANA:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage to at least age 24, regardless of student status and whether the child is supported by you.
- A dependent child who is eligible for coverage includes your grandchild, if the child is in your legal custody and residing with you, subject otherwise to the same requirements, including the dependent child age limit, that apply to a biological, adopted or stepchild.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide benefits for:

- 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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ACCIDENT-ONLY COVERAGE

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- 3) Benefits:** The listing below shows the benefits provided for you – benefits for any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF MINNESOTA:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage to at least age 25, regardless of student status and whether the child is supported by you.
- A dependent child who is eligible for coverage includes:
 - your grandchild who resides with and is supported by you, or any child for whom you or your spouse are appointed legal guardian, subject otherwise to the same requirements, including the dependent child age limit, that apply to a biological, adopted or stepchild; or
 - any person whom state or federal law requires to be treated as a dependent for purposes of health plans, with the term "health plans" having the meaning ascribed in section 62A.011, subdivision 3 of the Minnesota Statutes.
- A disabled child who will exceed the dependent child age limit when coverage would take effect is eligible for coverage. Such child will not be subject to a medical restriction in order for coverage to take effect. A disabled child is your biological, adopted or step-child of any age who:
 - has been diagnosed with a developmental disability, mental illness or disorder, or physical disability;
 - is incapable of self-sustaining employment; and
 - is chiefly dependent on you for support and maintenance.You are required to provide proof that these requirements are met within 31 days from the date that the child becomes insured under the Certificate, and at reasonable intervals, but no more frequently than every 2 years.
- A dependent child born to you while insurance is in effect under the Certificate will be covered from the moment of birth.
- A dependent child adopted by you or placed for adoption with you while insurance is in effect under the Certificate will be covered: from the moment of birth if placement for adoption or adoption occurs within 31 days after the child's birth; or from the date of adoption or placement for adoption.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects claims requirements:

- If there is no beneficiary designated or no surviving designated beneficiary at your death, we will pay any benefit payable under the Certificate to your estate.

Availability of an additional service:

A Health Screening Benefit is offered under your plan. Please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit's availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this service. Please call MetLife's toll-free at 1-800-GETMET8 for further information.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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

- the covered person's voluntary use, of:
 - any narcotic, unless it is:
 - taken or used as prescribed by a physician;
- the covered person's voluntary use of:
 - poison, gas, or fumes;
- with respect to the Accidental Death Benefits section of this certificate and Accidental Dismemberment / Functional Loss / Paralysis Benefits section of this certificate, the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- 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;
- 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 in a professional capacity in 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; or
- 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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
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OUTLINE OF COVERAGE

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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

ACCIDENT-ONLY COVERAGE

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OUTLINE OF COVERAGE

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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF MISSOURI:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage to at least age 26, regardless of student status.

The following information affects the Therapy Services Benefit:

- The Therapy Services Benefit will not be paid for the following therapy service(s): or .

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects claims requirements:

- You must provide us with notice of a claim within 30 days of the date of loss. Failure to provide notice of claim within such time will not invalidate or reduce any claim if it is shown that it was not reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- 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, the Certificate does not provide benefits for:

- 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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- 3) Benefits:** The listing below shows the benefits provided for you – benefits for any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF MONTANA:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage to at least age 25, regardless of student status.
- A dependent child who is eligible for coverage includes a child born to your dependent child:
 - subject otherwise to the same requirements that apply to a biological, adopted or stepchild; and
 - while such child's parent continues to be your dependent child.

The following information affects the definition of the term "physician":

- The term physician includes the following providers, if licensed to provide a service for which a benefit is payable under the Certificate according to the laws and regulations of the jurisdiction where such service is performed, and if the provider is acting within the scope of their license: a medical practitioner, a physician's assistant; dentist; osteopath; chiropractor; optometrist; podiatrist; psychologist; licensed social worker; licensed professional counselor; acupuncturist; naturopathic physician; physical therapist; speech-language pathologist; audiologist; licensed addiction counselor; or advanced practice registered nurse.

The following information affects claims requirements:

- Notice of a claim must be provided to us within 6 months of the date of the loss.
- A legal action on a claim may only be brought against us during a certain period. This period begins 60 days after the date proof is filed and ends on the expiration of any applicable statutes of limitations.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. The premium rates for this insurance take into consideration benefit levels, the demographics of the insured group, the applicable industry, and other risk-related rating factors. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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

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

Estimated annual premium \$ _____

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



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 any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NEBRASKA:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage to at least age 19, regardless of student status.

The following information affects claims requirements:

- You must provide us with notice of a claim within 30 days of the date of loss or as soon as reasonably possible.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

Availability of an Additional Service

A Health Screening Benefit* is offered under your plan. Please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit's availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this service. Please call MetLife's toll-free at 1-800-GETMET8 for further information.

*The Health Screening Benefit is referred to as the Accident Prevention Screening Benefit in some states.

Your Outline of Coverage begins on the next page.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

ACCIDENT-ONLY COVERAGE

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

OUTLINE OF COVERAGE

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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NEW HAMPSHIRE:

The following information affects eligibility requirements:

- Employees who work a minimum of 15 hours per week are eligible for coverage.

The following information affects dependent definitions and dependent eligibility requirements:

- The medical restriction requirement does not apply to dependent coverage. The effective date of insurance for a dependent is determined without regard to whether such dependent is under a medical restriction.
- A dependent child will be eligible for coverage to at least age 26, regardless of student status and whether the child is unmarried or supported by you.

The following information affects Accidental Dismemberment Benefits:

- The Basic Dismemberment Benefit for loss of one finger or one toe will be the greater of \$1,000 or the amount set forth in the Certificate for such loss.
- The Basic Dismemberment Benefit for loss of two or more fingers or toes in any combination be the greater of \$1,000 or the amount set forth in the Certificate for such loss – the benefit will be paid for each digit lost.

The following information affects the Laceration Benefit:

- The Laceration Benefit will be paid without regard to whether stitches were provided, based on the benefit amounts that apply to repair with stitches.

The following information affects the Broken Tooth Benefit:

- The Broken Tooth Benefit will be paid if the broken tooth is cared for by a physician, without regard to the method of repair. The Broken Tooth Benefit amount we will pay is set forth in the Benefits Summary below.
- We will pay the Broken Tooth Benefit no more than 1 time per Covered Person per accident.

The following information affects the Eye Injury Benefit:

- The Eye Injury Benefit is payable for care for an injury to the eye by a physician without regard to whether surgery or removal of a foreign object is performed.

The following information affects Accident – Medical Treatment Services and Benefits:

- Accident – Medical Treatment and Services Benefits is referred to as Accident – Medical Care and Services Benefits.

The following information affects the Blood/Plasma/Platelets Benefit:

- The Blood/Plasma/Platelets Benefit is referred to as Transfusion Benefit.

The following information affects the Physician Follow-Up Visit Benefit:

- The Physician Follow-Up Visit Benefit will be payable for outpatient care by a physician, without regard to the location of the outpatient care.

The following information affects Surgery Benefits:

- Surgery Benefits are provided for Major Surgery and Minor Surgery in the amounts set forth in the Benefits Summary below.
- **Covered Surgery** means a Major Surgery, a Minor Surgery or Exploratory Surgery.
- **Major Surgery** means any of the following procedures:
 - cranial surgery;
 - thoracic cavity and abdominal pelvic cavity Surgery; or
 - skin graft surgery.
- **Minor Surgery** means any of the following procedures:
 - surgery to repair a hernia;
 - surgery to repair a ruptured disc;
 - surgery to repair torn cartilage in the knee (meniscus); or
 - surgery to repair a torn tendon, ligament or rotator cuff.
- The term Minor Surgery includes exploratory surgery.

The following information affects Hospital Benefits:

- The time period after the accident in which hospital admission for treatment of an injury must occur is the greater of 31 days or the time period set forth in the Certificate.
- The time period after the accident in which hospital confinement for treatment of an injury must begin is the greater of 31 days or the time period set forth in the Certificate.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects continuation of insurance under the Certificate:

Special continuation provision for spouses is available as described below.

If you and your spouse divorce or legally separate, your spouse may continue his or her coverage under the Certificate. Continuation for your spouse will continue until the earliest of the following occurrences:

- the date your coverage under the group policy ends;
- the third anniversary of the final divorce decree or legal separation;
- the remarriage of the spouse;
- the death of the spouse;
- an earlier date if specified in the divorce decree or legal separation; or
- failure to pay premium within 30 days after it is due.

The following information affects claims requirements:

- If notice of claim or proof of loss is not given in accordance with time frames set forth in the Certificate, the delay will not cause a claim to be denied or reduced if notice and proof are given as soon as is reasonably possible.
- The benefits under the group policy are not assignable.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit (Chip fractures are paid at 25% of the applicable fracture benefit)	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit (Partial dislocations are paid at 25% of the applicable dislocation benefit)	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$150 – \$600 depending on the length of the cut
Broken Tooth Benefit	\$100
Eye Injury Benefit	\$300

Accident - Medical Care & Services Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Transfusion Benefit	\$400
Surgery Benefit	Minor Surgery: \$750 Major Surgery: \$1,500
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ¹	\$50,000 \$150,000 for accidental death on common carrier (Common carrier refers to airplanes, trains, buses, trolleys, subways and boats)

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$1,000 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Lodging Benefit – for a companion of a covered person who is hospitalized (the lodging must be at least 50 miles from insured's primary residence)	\$100 per day

¹ 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.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis, care or treatment of such sickness, except:

- for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed.

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;
- 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 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%;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat or provide care for an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under 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, care or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional capacity; or
- the covered person participating in any professional competitive athletic activity for which any type of compensation or remuneration is received.

In addition, the Certificate does not provide benefits for:

- any of the following outside of the United States, Canada or Mexico:
 - any medical care or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

5) (a) 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. See the Certificate for details.

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

(c) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

6) 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.



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 any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NEW MEXICO:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage to at least age 26, regardless of student status and whether the child is supported by you.
- A dependent child who is eligible for coverage includes a child for whom you are required to provide health insurance pursuant to an administrative or court order, while such child is under the dependent child age limit, and such order remains in effect.

The following information affects claims requirements:

- If you do not have custody of a child who is insured under the Certificate, we may provide information to the custodial parent of such child as may be necessary for the child to obtain benefits.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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.

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OUTLINE OF COVERAGE

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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NORTH CAROLINA:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child who is eligible for coverage includes:
 - your foster child, subject to the same requirements that apply to a biological, adopted or stepchild. Foster child means a child placed with you with the intent that such child will reside with you on more than a temporary or short-term basis, for whom you assume the legal obligation for total or partial support and whom you are:
 - appointed guardian of such child; or
 - given primary or sole custody of such child by a order of the court of competent jurisdiction; or
 - a child for whom you are required to provide health insurance pursuant to a court or administrative order, while such child is under the dependent child age limit.

The following information affects a non-custodial parent:

- If you do not have custody of a child who is insured under the Certificate, we may provide information to the custodial parent of such child as may be necessary for the child to obtain benefits.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects claims requirements:

- Proof of loss must be provided to us not later than 180 days after the date of the loss.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
 - alcohol in combination with any drug, medication, or sedative;
- the covered person's voluntary inhalation of gas or fumes or voluntary taking of poison;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war (the term "war" does not include terrorist acts);
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

ACCIDENT-ONLY COVERAGE

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OUTLINE OF COVERAGE

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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NORTH DAKOTA:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage to at least age 22, regardless of student status.
- A dependent child who is eligible for coverage includes your grandchild who is supported by you, subject otherwise to the same requirements, including the dependent child age limit, that apply to a biological, adopted or stepchild.

Availability of an additional service:

A Health Screening Benefit is offered under your plan. Please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit's availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this service. Please call MetLife's toll-free at 1-800-GETMET8 for further information.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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.

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OUTLINE OF COVERAGE

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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF OHIO:

The following information affects continuation of insurance under your Certificate:

- For the At Your Option: Continuation with Premium Payment provision:
 - Continued insurance is not available to you when the Group Policy ends.
 - Continued insurance ends on the date the Group Policy ends.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

ACCIDENT-ONLY COVERAGE

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- 3) Benefits:** The listing below shows the benefits provided for you – benefits for any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF OKLAHOMA:

The following information affects the dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage, regardless of whether the dependent child is supported by you.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

Your coverage includes the Building Benefit:

- The Building Benefit Certificate Rider increases the benefit amounts payable under the accident Certificate once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

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³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war - this exclusion only applies to a covered person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- 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;
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- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
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- 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; or
- 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF SOUTH CAROLINA:

The following information affects continuation of insurance under your Certificate:

- If you and your spouse divorce, your spouse may elect to continue his or her coverage under the Certificate. Continuation for your spouse will continue until the earliest of the following occurrences:
 - the date your coverage under the Group Policy ends;
 - the death of the spouse; or
 - failure to pay premium within 30 days after it is due.

The following information affects claims requirements:

- A legal action on a claim may only be brought against us during a certain time period. This period begins 60 days after the date proof of claim is filed and ends six years after the date such proof is required to be filed.

Your coverage includes the Building Benefit:

- The Building Benefit Certificate Rider increases the benefit amounts payable under the accident Certificate once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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.**

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

OUTLINE OF COVERAGE

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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF SOUTH DAKOTA:

The following information affects the definition of Confinement:

- Any requirement within the definition of the term Confinement that confinement in an observation area must last a minimum number of hours does not apply.

The following information affects the definition of Physician:

- The term Physician does not include:
 - you;
 - your spouse or anyone to whom you are related by blood or marriage unless any of these people is the only physician in the area and is acting within the scope of his or her normal employment;
 - anyone with whom you are residing;
 - your adopted or stepchild unless your adopted or stepchild is the only physician in the area and is acting within the scope of his or her normal employment;
 - anyone with whom you share a business interest; or
 - your employee.

The following information affects the Broken Tooth Benefit:

- The statement that no benefit will be payable for an injury to a tooth that is not a sound, natural tooth does not apply.

The following information affects the Admission Benefit under Hospital Benefits:

- The admission benefit is not payable for a stay in an observation area of a hospital, without regard to the length of time of the stay.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

Your coverage includes the Building Benefit:

- The Building Benefit Certificate Rider increases the benefit amounts payable under the accident Certificate once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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

- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under 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;
- 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; 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; or
- 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. See the Certificate for details.

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

7) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation

to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

ACCIDENT-ONLY COVERAGE

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

OUTLINE OF COVERAGE

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

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF TEXAS:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage to at least age 25, regardless of student status and whether the child is supported by you, except as specifically provided for the categories of children set forth below.
- A dependent child who is eligible for coverage includes:
 - your grandchild who was able to be claimed by you as a dependent for Federal Income Tax purposes at the time you enrolled such grandchild, subject to the dependent child age limit; or
 - a child for whom you must provide medical support under an order: issued under Texas Statutes, Chapter 154, Family Code; or enforceable by a court in the State of Texas.
- A child for whom you are required to provide insurance pursuant to a medical support order issued under Texas Statutes Chapter 154, Family Code; or enforceable by a court in the State of Texas, that is entered while insurance is in effect under the Certificate will be covered from the date specified in the order.
- The child does not need to be enrolled if dependent coverage is already in effect for at least one other dependent child. If dependent coverage is not already in effect for at least one other dependent child, then to continue the child's coverage beyond the first 31 days of coverage, you must notify us of your obligation to cover the child and give written permission to deduct contributions from your pay for dependent insurance for the child. You must do this within 31 days of the date you become obligated to cover the child.
- The effective date of insurance for a child who becomes covered under the Certificate pursuant to a medical support order will be determined without regard to whether the child is under a medical restriction.

The following information affects the definition of the term "physician":

- The term physician, for other than a dentist, does not include: you; your spouse or anyone to whom you are related by blood or marriage; anyone with whom you are residing; your adopted or stepchild; anyone with whom you share a business interest; or your employee.

The following information affects claims requirements:

- The benefits under the Group Policy are not assignable prior to a claim for benefits, except to a physician or other health care provider who provides health care services to you, or except as required by law or permitted by us.
- Proof of loss must be provided to us not later than 90 days after the date of the loss. If this time frame is not met, the delay will not cause a claim to be denied or reduced if proof is given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 15 months from the date proof of the loss is required.

Availability of an additional service:

A Health Screening Benefit is offered under your plan. Please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit's availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this service. Please call MetLife's toll-free at 1-800-GETMET8 for further information.

Your coverage includes the Building Benefit:

- The Building Benefit Certificate Rider increases the benefit amounts payable under the accident Certificate once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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 any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF UTAH:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage to at least age 26, regardless of student status and whether the child is supported by you.
- A dependent child who is eligible for coverage includes:
 - a child for whom you are required to provide health insurance pursuant to a court administrative order while such child is younger than the dependent child age limit; or
 - your unmarried biological child, adopted child or stepchild of any age who:
 - is incapable of self-sustaining employment by reason of developmental disability, mental impairment or disorder or physical impairment;
 - is chiefly dependent on you for support and maintenance; and
 - if the child is over the dependent child age limit, has been continuously covered under an accident and health plan since reaching the dependent child age limit, and with no break in coverage of more than 63 days, and who otherwise qualifies as a dependent child except for the dependent child age limit.You are required to provide proof that these requirements are met within 31 days from the date that the child becomes insured under the Certificate, and at reasonable intervals, but no more frequently than every 2 years.
- The "For Mentally or Physically Handicapped Children" provision in the Certificate does not apply since disabled children who exceed the dependent child age limit are eligible from the beginning of coverage.

The following information affects definitions of facilities:

- A hospital will be defined no more restrictively than a short-term, acute care, general facility that is duly licensed as a hospital by the agency responsible for such licensing.
- An outpatient surgery facility, will be defined no more restrictively than a facility mainly engaged in performing outpatient surgery that is approved as an ambulatory surgery facility by Medicare, or maintains all appropriate licensing for a facility that provides ambulatory surgery.
- In the definition of the term Rehabilitation Facility, the list of what a Rehabilitation Facility does not include is limited to the following:
 - a nursing home, unless the covered person is receiving rehabilitation care services at the nursing home facility;
 - an extended care facility, unless the covered person is receiving rehabilitation care services at the extended care facility;
 - a skilled nursing facility, unless the covered person is receiving rehabilitation care services at the facility.

The following information affects Accidental Death Benefits:

- The time period after the accident occurs in which death must occur will be the greater of 180 days or the time period set forth in the Certificate.

The following information affects Accidental Dismemberment Benefits:

- The time period in which a dismemberment must be documented by a physician after the accident occurs is the greater of 180 days or the time period set forth in the Certificate for such loss.

The following information affects Functional Loss Benefits:

- The time period within which a functional loss must be documented by a physician after the accident occurs is the greater of 180 days or the time period set forth in the Certificate.
- The functional loss must have lasted for a continuous period of not less than 30 days.

The following information affects the Paralysis Benefit:

- The time period within which paralysis must be documented by a physician after the accident occurs will be the greater of 180 days and the time period set forth in the Certificate for such loss.
- The paralysis must have lasted for a continuous period of not less than 30 days.

The following information affects Accidental Injury Benefits:

- For the Fracture Benefit, Dislocation Benefit, Coma Benefit, Broken Tooth Benefit, and Eye Injury Benefit, the injury must be diagnosed or treated no more than 180 days after the Accident (as defined in the Certificate).
- For the Burn Benefit and Laceration Benefit the injury must be treated as soon as reasonably possible after the accident.
- For the Concussion Benefit, diagnosis of the injury must be made as soon as reasonably possible after the accident.

The following information affects Accident – Medical Treatment and Services Benefits:

- For the Air Ambulance Benefit, Ground Ambulance Benefit, Medical Testing Benefit, Prosthetic Device Benefit, Modification Benefit, and Blood/Plasma/Platelets Benefit, the care, treatment or service for the injury must be performed by a physician, be received, be administered, or be provided, as applicable to the particular Accident – Medical Treatment and Services Benefit, no more than 180 days after the accident.
- For the Emergency Care Benefit, initial care for the injury must be received as soon as reasonably possible after the accident.
- For the Physician Follow-Up Visit Benefit, Therapy Services Benefit, Surgery Benefits, and Other Outpatient Surgery Benefit, care or treatment of the injury, as applicable to the particular Accident – Medical Treatment and Services Benefit, must begin or occur no more than 180 days after the accident occurs.
- For the Pain Management Benefit (For Epidural Anesthesia), the time period within which the epidural anesthesia must be administered after accident occurs is the greater of 30 days or the time period set forth in the Certificate for such treatment.
- For the Prosthetic Device Benefit, the device must be received no more than 365 days after the accident occurs.
- For the Medical Appliance Benefit, the time period within which the use of the medical appliance must begin after the accident occurs is the greater of 180 days or the time frame set forth in the Certificate.
- For the Modification Benefit, the time period within which the modification must be made after the accident occurs is the greater of 180 days or the time frame set forth in the Certificate

The following information affects Hospital Benefits:

- The time period within which hospital admission for treatment of an injury must occur after the accident occurs is the greater of 31 days or the time period set forth in the Certificate.
- The time period within which hospital confinement for treatment of an injury must begin after the accident occurs is the greater of 31 days or the time period set forth in the Certificate.
- The time period within which a stay in an inpatient rehabilitation facility for treatment of an injury must begin after the accident occurs is the greater of 31 days or the time period set forth in the Certificate.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects continuation of insurance under your Certificate:

Continuation Under State Law is available to you as described below:

Qualifying Event means any of the following that would cause insurance under the Certificate to end:

- the end of your employment with your employer, including voluntary or involuntary termination, or your retirement;
- your disability that results in your employment temporarily or permanently ending;
- a reduction of the number of hours that you work for your employer;
- your leave of absence from your employer, including sabbatical;
- with respect to dependent insurance, a change in status that causes a dependent to no longer qualify as a dependent;
- with respect to dependent insurance, your divorce or legal separation; or
- with respect to dependent insurance, your death.

Insurance provided under the Certificate may be continued with premium payment under state law if a Qualifying Event occurs ("State Required Continued Insurance") unless:

- insurance under the Group Policy ends for all employees;
- insurance under the Group Policy ends for the class of employees to which you belong;
- you become covered under another group policy that provides similar coverage to the coverage described in the Certificate, without application of a preexisting conditions exclusion or limitation;
- your insurance ends because you failed to pay a required premium when due;
- your insurance ends because you performed an act or practice that constitutes fraud in connection with the insurance provided by the Certificate;
- your insurance ends because you made an intentional misrepresentation of material fact in connection with the insurance provided by the Certificate;
- your employment ends due to your gross misconduct; or
- on the date of the Qualifying Event, you have not been continuously insured under the Group Policy for at least three consecutive months.

Your employer shall send written notice of the right to continue insurance under this provision, the payment amounts required for continued coverage, and the manner, place and time in which such payments must be made. Your employer shall send such written notice via first class mail to:

- you at your home address as shown in the records of your employer;
- your ex-spouse at the home address of your ex-spouse if the Qualifying Event is your divorce or legal separation and such address is shown in the records of your employer; or
- your surviving spouse and the guardian of any dependents, if the Qualifying Event is your death, in which case your employer shall send such notice to your surviving spouse's home address, if different from yours and if shown in the records of your employer, and to the home address of the guardian of any dependents, if different from yours and if shown in the records of your employer.

If your employer fails to provide the written notice described above within 30 days after the Qualifying Event, a person entitled to continuation under this provision may contact us directly within 60 days after the Qualifying Event for information regarding the right to continue insurance, the payment amounts required for continued coverage, and the manner, place and time in which such payments must be made.

The premium that you, your ex-spouse if there has been a divorce or legal separation, or your dependents if you are not living, must pay for State Required Continued Insurance may include the amount, if any, that you previously contributed for insurance under the Certificate, plus any amount your employer contributed. To obtain State Required Continued Insurance you, your ex-spouse if there has been a divorce or legal separation, or your dependents if you are not living, must send a written request for State Required Continued Insurance and pay the first premium due no later than 60 days after the date of the Qualifying Event.

If you, your ex-spouse if there has been a divorce or legal separation, or your dependents if you are not living, fail to make a written request for State Required Continued Insurance and pay the first premium by the 60th day after the Qualifying Event, or if we do not receive the first premium due before the end of the grace period provided in the Group Policy, the right to State Required Continued Insurance will end.

State Required Continued Insurance will continue for all covered persons for a period of 366 days, beginning on the date of the Qualifying Event, and ending at 11:59 p.m. eastern standard time on the 366th day, ("366 day period") unless one of the following events occurs sooner, in which case, State Required Continued Insurance will end before the expiration of the 366 day period for one or more covered persons as indicated below, on the earliest of the following dates:

- for all covered persons, on the date insurance ends under the Group Policy for all employees;
- for persons covered by dependent insurance, the date dependent insurance ends under the Group Policy for all employees;
- for all covered persons, the date insurance ends under the Group Policy for the class of employees to which you belong;
- for persons covered by dependent insurance, the date dependent insurance ends under the Group Policy for the class of employees to which you belong;
- for any covered person, the date insurance takes effect for such person under another continuation option described in the Certificate if the other continuation option is expected to provide continued insurance for at least 366 days;
- for all covered persons, the last day of the grace period provided in the Group Policy if we do not receive a premium due for State Required Continued Insurance before the end of the grace period provided in the Group Policy;
- for any covered person, the date such person becomes eligible for coverage under another group policy providing coverage that is similar to the coverage provided under the Certificate;
- for each covered person, the date such person performs an act or practice that constitutes fraud in connection with the insurance provided by the Certificate; and
- for any covered person, the date such person makes an intentional misrepresentation of material fact in connection with the insurance provided by the Certificate.

The Group Policy is replacing a policy that your employer had with another insurer (the "Replaced Policy"). The Replaced Policy contained a provision allowing continuation of coverage similar to this At Your Option: Continuation Under State Law provision. Any person who was continuing coverage under that provision in the Replaced Policy, and whose continued coverage ended because the Replaced Policy ended, will be able to continue coverage under the Group Policy for the balance of the time that the person would have been able to continue coverage under the Replaced Policy if the Replaced Policy had not ended, provided that if there was any class of employees that was covered under the Replaced Policy but is not covered under the Group Policy, any person who was an employee member of that class or a dependent of such a person will not be eligible to continue coverage under the Group Policy.

The following information affects claims requirements:

- If notice of claim or proof of loss is not given in accordance with time frames set forth in the Certificate, the delay will not cause a claim to be denied or reduced if notice and proof are given as soon as is reasonably possible.

Your coverage includes the Building Benefit:

- The Building Benefit Certificate Rider increases the benefit amounts payable under the accident Certificate once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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

- the covered person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's voluntary active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's active participation in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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 any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF VERMONT:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child will be eligible for coverage regardless of marital status and whether the child is supported by you.
- A child of your civil union partner is eligible for coverage as a dependent child, subject to the same requirements that apply to a biological, adopted or stepchild.
- The timeframes included in the Date Dependent Insurance Takes Effect provision, Newborn Children sub-provision, of your Certificate which address: providing notice of a newborn child becoming your dependent; and how long coverage will initially take effect for such a child; are 60 days.

The following information affects civil union partners:

- The term spouse includes your civil union partner with whom you have entered into a civil union established pursuant to Vermont statutes.

The following information affects the definition of hospital:

- In the definition of the term hospital, a hospital is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, or a place for convalescent, custodial, educational or rehabilitative care.

The following information affects Accidental Dismemberment Benefits:

- The benefit amount payable for loss of one finger or one toe will be the greater of \$2,500 or the amount set forth in the Certificate for such loss.
- The benefit amount payable for loss of two or more fingers or toes will be the greater of \$5,000 or the amount set forth in the Certificate for such loss.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects When Insurance Ends requirements:

Termination of a covered person's insurance in accordance with the Certificate will be without prejudice to an existing claim, including an existing claim for hospitalization that is covered under the terms of the Certificate.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$2,500 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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

- the covered person's voluntary and felonious use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- 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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

ACCIDENT-ONLY COVERAGE

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

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

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

Benefits provided under the Certificate are non-coordinated - this means that benefits are payable without regard to any other coverage that you may have.

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

DISCLOSURE STATEMENT

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

The benefits under this policy are summarized below.

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. This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider’s charge and are paid in addition to any other health plan coverage you may have.

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.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

3) Benefits: The listing below shows the benefits provided for you – benefits for any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured's Certificate as shown in the insured's Certificate or the Group Policyholder's participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF WASHINGTON:

The following information affects the dependent child definition and dependent child eligibility requirements:

- A child of your domestic partner is eligible for coverage as a dependent child who is a stepchild.
- A dependent child will be eligible for coverage to age 26, regardless of student status or whether the child is unmarried or supported by you.
- The timeframes included in the Date Dependent Insurance Takes Effect provision of your Certificate which address: providing notice of a newborn or adopted child becoming your dependent; how long coverage will initially take effect for such a child; and the provision of permission for any required payroll deduction of contributions for such child, will not be less than 60 days.

The following information affects Accidental Death Benefits:

- The death must occur within 365 days after the accident occurs.

The following information affects Accidental Dismemberment and Functional Loss Benefits:

- The dismemberment or functional loss must be documented by a physician within 365 days after the accident occurs.

The following information affects Functional Loss Benefits:

- The functional loss must have lasted for a continuous period of 90 days.

The following information affects the Paralysis Benefit:

- The paralysis must be documented by a physician within 365 days after the accident.
- The paralysis must have lasted for a continuous period of 30 days.

The following information affects the Accidental Injury Benefits:

- The time period after the accident within which the injury must be diagnosed, treated or begin, as applicable to the particular Accidental Injury Benefit, is 365 days.

The following information affects the Accident – Medical Treatment and Services Benefits:

- Except as otherwise noted below, the time period after the accident occurs within which the care, treatment or service must begin, be performed by a physician, be received, be administered, or be provided, as applicable to the particular Accident – Medical Treatment and Services Benefit, is 365 days.
- Therapy Services Benefit and Physician Follow-Up Visit Benefit – the requirement that such service or treatment begin within a specified number of days after the accident occurs does not apply; however services must be provided within 365 days after the accident occurs.
- Surgery Benefits and Other Outpatient Surgery Benefit – the requirement that the covered person be treated by a physician within a specified number of days after the accident occurs does not apply; however surgery must be performed within 365 days after the accident occurs.

The following information affects Hospital Admission Benefits:

- The time period after the accident within which the hospital admission must occur is 365 days.

The following information affects Hospital Confinement Benefits:

- The time period after the accident within which the hospital confinement must begin is 365 days.

The following information affects the Inpatient Rehabilitation Benefit:

- The time period after the accident within which the inpatient rehabilitation facility stay must begin is 365 days.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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

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

- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an injury;
 - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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 any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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 any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF WISCONSIN:

The following information affects claims requirements:

- If notice of claim or proof is not given within the required time limits, the delay will not cause a claim to be denied or reduced if such notice and proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 12 months from the date such notice and proof are otherwise required to be filed.
- Benefits payable under the Certificate may be assigned, but not prior to a claim for benefits. Unless you have assigned this insurance, all benefits will be paid in accordance with the Payment of Benefits Certificate provision.

Your coverage includes the Building Benefit:

- The Building Benefit Certificate Rider increases the benefit amounts payable under the accident Certificate once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide benefits for:

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- 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

ACCIDENT-ONLY COVERAGE

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- 3) Benefits:** The listing below shows the benefits provided for you – benefits for any dependents that are covered 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.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

This outline of coverage is dated the later of June 1, 2024 or the date that applies to the insured’s Certificate as shown in the insured’s Certificate or the Group Policyholder’s participant file which has been provided to MetLife.

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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF WYOMING:

Your coverage includes the Building Benefit:

- The Building Benefit Certificate Rider increases the benefit amounts payable under the accident Certificate once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

The Benefits Summary shown below summarizes the accident plan under which you are covered – your accident coverage provides payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Fracture Benefit ¹	A range of \$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit ¹	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$400
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$50 Extraction: \$100
Eye Injury Benefit	\$300

Accident - Medical Services & Treatment Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (for epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$300

Hospital Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$300 per day (Paid for up to 365 days per accident)
Inpatient Rehabilitation Benefit	\$200 per day (Paid for up to 15 days per accident but not to exceed 30 days per calendar year)

Accidental Death Benefit	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Accidental Death Benefit ^{2, 3}	\$50,000 \$150,000 for accidental death on common carrier

Accidental Dismemberment / Functional Loss / Paralysis Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Dismemberment / Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$50,000 – \$100,000 depending on the number of limbs

Other Benefits	Benefit Amount – Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$75
Lodging Benefit ⁴ – for a companion of a covered person who is hospitalized	\$100 per day

¹ Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

² Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

³ 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.

⁴ The lodging must be at least 50 miles from insured's primary residence.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

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.

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;
- 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, the Certificate does not provide 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:
 - 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. See the Certificate for details.

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

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

8) Premiums. Premiums for this insurance will be provided to you with your enrollment materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.