



## READ YOUR OUTLINE OF COVERAGE

Group Accident Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is your employer: Purdue University.**

The Outline of Coverage provides a very brief summary of the important features of the Group Accident Insurance. The Outline of Coverage is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control.

### To access and read your Outline of Coverage:

- If you are a **RESIDENT** of one of the following states, click on the box below that shows the name of your state of residence:

OR

- If you do not reside in one of the above listed states, click on the box below that shows the name of the **GROUP POLICY ISSUANCE STATE**. The **GROUP POLICY ISSUANCE STATE** is: Indiana.

It is important that you follow the above directions and click on the box for the state that applies to you. Some of the information in the Outline of Coverage varies by state.

Please contact MetLife at 1-800-GET-MET8 if you have any questions about this important coverage.



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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



**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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OR SICKNESS IN A HOSPITAL.**

**BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL  
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE  
WHEN YOU ENROLL FOR THIS INSURANCE.**

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**2) ACCIDENT INSURANCE**

Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The coverage includes benefits for hospitalization in the form of a fixed daily benefit for treatment of: Injuries resulting from an Accident; or Sickness, subject to any limitations contained in the Certificate.

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1,000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1,000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$200 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$400 per day, up to 31 days per Covered Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69. For example, a \$100 benefit, as listed in the Schedule, will be paid at \$75 if the Covered Person's Attained Age is 67.
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If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS\*

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS\*

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

**\*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.

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS\*

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Accident  
\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS\*

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Sickness  
\$400 per day, up to 31 days per Covered Person per Sickness

**\*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.

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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



**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

- the Covered Person's voluntary use, by any means, of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as 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 any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as 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; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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



**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per  
Covered Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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



**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per  
Covered Person per Accident

Intensive Care Unit Confinement

\$200 per day, up to 31 days per  
Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per  
Covered Person per Sickness

Intensive Care Unit Confinement

\$200 per day, up to 31 days per  
Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per  
Covered Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

We will not pay benefits for any loss for a Covered Person caused 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;
- the Covered Person's alcoholism or drug addiction;
- 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 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 travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- if acting in a professional capacity, 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;
- if acting in a professional capacity, the Covered Person hang gliding, para-kiting, or sail-gliding.

In addition, we will not pay benefits for:

- any of the following outside of the United States, Canada or Mexico:
  - hospital admission or confinement; or
  - inpatient stay in a rehabilitation facility.

**Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's 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; or
- dental care or treatment or cosmetic surgery, except when such surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a trauma, infection or other disease that results from a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was disfigured or removed as a result of congenital disease or congenital anomaly of a dependent child;
- the Covered Person's mental or emotional disorders, or treatment of such mental or emotional disorders;
- the Covered Person's alcoholism or drug addiction; or
- 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.

In addition, We will not pay benefits for:

- any hospital admission or confinement outside the United States, Canada or Mexico.

**6) LIMITATIONS****Benefit Reduction Due to Age**

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

Attained Age means the Covered Person's age:

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

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

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

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

**7) WHEN INSURANCE ENDS****Date Your Insurance Ends**

Your insurance will end on the earliest of:

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

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

**8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

**9) ADMINISTRATION OF INSURANCE**

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

**10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**





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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT ONLY INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

- the Covered Person's voluntary use of any narcotic unless it is taken or used as prescribed by a physician;
- the Covered Person's voluntary use by any means of poison, gas, or fumes;
- 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, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use of any narcotic, unless it is taken or used as prescribed by a physician;
- the Covered Person's use by any means of poison, gas, or fumes;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## **6) LIMITATIONS**

### **Benefit Reduction Due to Age**

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

Attained Age means the Covered Person's age:

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

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

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

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

## **7) WHEN INSURANCE ENDS**

### **Date Your Insurance Ends**

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

**Certificate Form No: GCERT12-AX-5  
(Referred to as the "Certificate")**

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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



## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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



## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an “over the counter” drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative;
- 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, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative;
- 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; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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



## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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



## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per  
Covered Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof, except for any narcotic administered on the advice of a physician;;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



**METROPOLITAN LIFE INSURANCE COMPANY  
200 PARK AVENUE  
NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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



## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per  
Covered Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an “over the counter” drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war – 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;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an “over the counter” drug, medication or sedative taken as directed;

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war– 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; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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



## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per  
Covered Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received.

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS:  
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF  
AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.  
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL  
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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 group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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



## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

**THE CERTIFICATE PROVIDES LIMITED INDEMNITY BENEFITS:  
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF  
AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.**

**BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL  
EXPENSES INCURRED. THIS INSURANCE IS NOT DESIGNED TO COVER THE COST OF SERIOUS OR  
CHRONIC ILLNESS. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE  
WHEN YOU ENROLL FOR THIS INSURANCE.**

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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



## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

- the Covered Person's 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;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

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

**Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- 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;
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

**7) WHEN INSURANCE ENDS****Date Your Insurance Ends**

Your insurance will end on the earliest of:

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

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

**8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

**9) ADMINISTRATION OF INSURANCE**

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

**10) PREMIUM**

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

**POLICYHOLDER:**

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WHEN YOU ENROLL FOR THIS INSURANCE.**

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**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Sickness



## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

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Non-ICU Hospital Admission

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Intensive Care Unit Admission

\$2000

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Intensive Care Unit Confinement

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**Accident** means an act or event which:

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- is not a Sickness; and
- occurs while insurance is in effect.

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$500

Intensive Care Unit Admission

\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$100 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

**BENEFITS WILL BE REDUCED AT CERTAIN AGES. SEE THE LIMITATIONS SECTION OF THIS OUTLINE OF COVERAGE FOR DETAILS.**



## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per  
Covered Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

**BENEFITS WILL BE REDUCED AT CERTAIN AGES. SEE THE LIMITATIONS SECTION OF THIS OUTLINE OF COVERAGE FOR DETAILS.**

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active voluntary 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; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness



## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness



## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1000  
\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per  
Covered Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**POLICYHOLDER:**

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

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

**GROUP ACCIDENT INSURANCE**

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

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) ACCIDENT INSURANCE**

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

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

**3) BENEFITS**

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

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

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

## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission	\$500
Intensive Care Unit Admission	\$1000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement	\$100 per day, up to 31 days per Covered Person per Sickness
Intensive Care Unit Confinement	\$200 per day, up to 31 days per Covered Person per Sickness



## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Accident

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission

\$1000

Intensive Care Unit Admission

\$2000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement

\$200 per day, up to 31 days per Covered Person per Sickness

Intensive Care Unit Confinement

\$400 per day, up to 31 days per Covered Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Applicable to all Accident Benefits:**

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

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

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

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

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**Group Policy Form No: GPNP13-HI  
(Referred to as the "Group Policy")  
Certificate Form No: GCERT12-HI  
(Referred to as the "Certificate")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

**IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS:  
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY  
IN A HOSPITAL OR SICKNESS IN A HOSPITAL.  
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL  
EXPENSES INCURRED.**

**YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL  
EXPENSES.**

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

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 group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which You have coverage will control. The 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 with respect to the coverage. It is, therefore, important that You **READ YOUR CERTIFICATE CAREFULLY!**

**2) HOSPITAL INDEMNITY COVERAGE**

Hospital indemnity coverage is designed to provide coverage in the form of a fixed daily benefit during periods of hospitalization resulting from an Accident or Sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefits described below.

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

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

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

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



## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$500  
\$1,000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$100 per day, up to 31 days per Covered  
Person per Accident  
\$200 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$500  
\$1,000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$100 per day, up to 31 days per Covered  
Person per Sickness  
\$200 per day, up to 31 days per Covered  
Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1,000  
\$2,000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1,000  
\$2,000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

- is unforeseen;
- results in an injury;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

##### **Exclusions that Apply to Accident – Hospital Benefits:**

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

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

We will not pay benefits for the Covered Person's Injury due to voluntary use, by any means, of poison, gas or fumes.

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

- 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, we will not pay benefits for:

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

**Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness due to voluntary use, by any means, of poison, gas, or fumes.

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

- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, we will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## **8) CONTINUATION OF INSURANCE**

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

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

Continued Insurance is not available if:

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

## **9) ADMINISTRATION OF INSURANCE**

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

## **10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**Group Policy Form No: GPNP12-AX  
(Referred to as the "Group Policy")  
Certificate Form No: GCERT12-HI  
(Referred to as the "Certificate")**

**GROUP HOSPITAL CONFINEMENT INDEMNITY COVERAGE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS:  
THE CERTIFICATE PROVIDES BENEFITS FOR CARE OF AN ACCIDENTAL INJURY  
IN A HOSPITAL OR CARE OF SICKNESS IN A HOSPITAL.  
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL  
EXPENSES INCURRED.**

**YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL  
EXPENSES.**

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

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

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

**2) HOSPITAL INDEMNITY COVERAGE**

Hospital confinement indemnity coverage is designed to provide coverage in the form of a fixed daily benefit during periods of hospitalization resulting from an Accident or Sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefits described below.

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

**3) BENEFITS**

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

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

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



## LOW PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$500  
\$1,000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$100 per day, up to 31 days per Covered  
Person per Accident  
\$200 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$500  
\$1,000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$100 per day, up to 31 days per Covered  
Person per Sickness  
\$200 per day, up to 31 days per Covered  
Person per Sickness

## HIGH PLAN

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

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1,000  
\$2,000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

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

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1,000  
\$2,000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event which:

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

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

**Injury** means any bodily harm:

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

**Sickness** means:

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

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

#### 5) EXCLUSIONS

**Exclusions that Apply to Accident – Hospital Benefits:**

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

In addition, we will not pay benefits for:

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

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat or provide care for a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis, care or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, we will not pay benefits for:

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

## 6) LIMITATIONS

### Benefit Reduction Due to Age

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

Attained Age means the Covered Person's age:

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

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

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

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

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

Your insurance will end on the earliest of:

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

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

## 8) CONTINUATION OF INSURANCE

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

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

Continued Insurance is not available if:

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

**9) ADMINISTRATION OF INSURANCE**

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

**10) PREMIUM**

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

**This is the end of the Outline of Coverage that applies to you.**



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

**Group Policy Form No: GPNP12-AX  
(Referred to as the "Group Policy")  
Certificate Form No: GCERT12-HI  
(Referred to as the "Certificate")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS:  
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF  
AN ACCIDENTAL INJURY IN A HOSPITAL OR SICKNESS IN A HOSPITAL.  
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL  
EXPENSES INCURRED.**

**YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL  
EXPENSES.**

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

**THIS CERTIFICATE DOES NOT MEET THE MINIMUM COVERAGE REQUIREMENTS OF  
THE AFFORDABLE CARE ACT. YOU SHOULD NOT PURCHASE THIS CERTIFICATE  
UNLESS YOU ARE ALREADY COVERED BY COMPREHENSIVE MAJOR MEDICAL  
INSURANCE.**

**OUTLINE OF COVERAGE**

**1) READ YOUR CERTIFICATE CAREFULLY**

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**2) HOSPITAL INDEMNITY COVERAGE**

Hospital indemnity coverage is designed to provide coverage in the form of a fixed daily benefit during periods of hospitalization resulting from an Accident or Sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefits described below.

The Certificate does not provide for reimbursement of any medical expenses.

**3) BENEFITS**

The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.

**You have a choice of selecting coverage under one of the plans listed below. A schedule of the benefit amounts for each plan is shown.**



## LOW PLAN

IF YOU SELECT THE LOW PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY:

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$500  
\$1,000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$100 per day, up to 31 days per Covered  
Person per Accident  
\$200 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

\$100 per day, up to 15 days per Covered  
Person, per Accident but not to exceed 30  
days per calendar year

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$500  
\$1,000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$100 per day, up to 31 days per Covered  
Person per Sickness  
\$200 per day, up to 31 days per Covered  
Person per Sickness

## HIGH PLAN

IF YOU SELECT THE HIGH PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY:

### ACCIDENT - HOSPITAL BENEFITS

#### Benefit

#### Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1,000  
\$2,000

#### Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Accident  
\$400 per day, up to 31 days per Covered  
Person per Accident

#### Inpatient Rehabilitation Benefit

\$200 per day, up to 15 days per Covered  
Person, per Accident but not to exceed 30  
days per calendar year

### SICKNESS - HOSPITAL BENEFITS

#### Sickness - Hospital Admission Benefit:

Non-ICU Hospital Admission  
Intensive Care Unit Admission

\$1,000  
\$2,000

#### Sickness - Hospital Confinement Benefit:

Non-ICU Hospital Confinement  
  
Intensive Care Unit Confinement

\$200 per day, up to 31 days per Covered  
Person per Sickness  
\$400 per day, up to 31 days per Covered  
Person per Sickness

#### 4) DEFINITIONS

**Accident** means an act or event:

- the result of which is unforeseen;
- that is definite as to time and place;
- that is not a Sickness; and
- that occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:

- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:

- a physical illness, physical infirmity or physical disease;
- complications of pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

#### 5) EXCLUSIONS

**Exclusions that Apply to Accident – Hospital Benefits:**

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, except for the Covered Person's use of:

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.

We will not pay benefits for any loss for a Covered Person caused or contributed to by:

- the Covered Person's voluntary 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 is above the legal limit (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, we will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - hospital admission or confinement; or
  - inpatient stay in a rehabilitation facility.

#### **Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary 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; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
- routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility;
- any hospital admission or confinement outside the United States, Canada or Mexico; or
- routine nursing or well baby care for a newborn child.

## 6) LIMITATIONS

### Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person's Attained Age.

Attained Age means the Covered Person's age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69. For example, a \$100 benefit, as listed in the Schedule, will be paid at \$75 if the Covered Person's Attained Age is 67.
70 or older	Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 70 or older. For example, a \$100 benefit, as listed on the Schedule, will be paid at \$50 if the Covered Person's Attained Age is 72.

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If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

## 7) WHEN INSURANCE ENDS

### Date Your Insurance Ends

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- the date the Group Policy ends;
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- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

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You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

## **9) ADMINISTRATION OF INSURANCE**

Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

## **10) PREMIUM**

Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

**This is the end of the Outline of Coverage that applies to you.**