

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

BENEFIT AMOUNTS				
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY				
Basic Accidental Death	N/A	\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier		\$100,000	\$50,000	\$20,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY				
Basic Dismemberment/Functional Loss Benefit				
Loss of one finger or one toe	N/A	\$1,000	\$1,000	\$1,000
Loss of one arm or one leg		\$15,000	\$15,000	\$15,000
Loss of one hand or one foot		\$15,000	\$15,000	\$15,000
Loss of two or more fingers or toes		\$2,000	\$2,000	\$2,000
Loss of sight in one eye		\$15,000	\$15,000	\$15,000
Loss of hearing in one ear		\$15,000	\$15,000	\$15,000
Catastrophic Dismemberment/Functional Loss Benefit				
Loss of both arms or both legs or one arm and one leg	N/A	\$50,000	\$50,000	\$50,000
Loss of both hands or both feet or one hand and one foot		\$50,000	\$50,000	\$50,000
Loss of sight in both eyes		\$50,000	\$50,000	\$50,000
Loss of hearing in both ears		\$50,000	\$50,000	\$50,000
Loss of ability to speak		\$50,000	\$50,000	\$50,000
Paralysis Benefit				
Two Limbs (paraplegia or hemiplegia)	N/A	\$25,000	\$25,000	\$25,000
Four Limbs (quadriplegia)		\$50,000	\$50,000	\$50,000

		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENTAL INJURY BENEFITS CATEGORY		
Fracture Benefit (Closed)		
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$1,000
Skull Fracture - depressed (except bones of face or nose)		\$4,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,000
Lower Jaw, Mandible (except alveolar process)		\$750
Upper Jaw, Maxilla (except alveolar process)		\$1,000
Upper Arm between Elbow and Shoulder (humerus)		\$1,000

Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$750
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$750
Rib		\$750
Finger, Toe		\$100
Vertebrae, Body of (excluding vertebral processes)		\$1,500
Vertebral Process		\$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$1,500
Hip, Thigh (femur)		\$4,000
Coccyx		\$500
Leg (tibia and/or fibula)		\$1,500
Kneecap (patella)		\$500
Ankle		\$500
Foot (except toes)		\$500
Chip Fracture		25%
Fracture Benefit (Open)		
Face or Nose (except mandible or maxilla)		\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$8,000
Skull Fracture - non depressed (except bones of face or nose)		\$4,000
Lower Jaw, Mandible (except alveolar process)		\$1,500
Upper Jaw, Maxilla (except alveolar process)		\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$1,500
Rib		\$1,500
Finger, Toe		\$200
Vertebrae, Body of (excluding vertebral processes)		\$3,000
Vertebral Process		\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$3,000
Hip, Thigh (femur)		\$8,000
Coccyx		\$1,000
Leg (tibia and/or fibula)		\$3,000
Kneecap (patella)		\$1,000
Ankle		\$1,000

Foot (except toes)		\$1,000
Chip Fracture		25%
Dislocation Benefit (Closed)		
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$750
Collarbone (sternoclavicular)		\$1,000
Collarbone (acromioclavicular and separation)		\$750
Shoulder (glenohumeral)		\$750
Rib		\$750
Elbow		\$750
Wrist		\$750
Bone or Bones of the Hand (other than fingers)		\$750
Hip		\$4,000
Knee (except patella)		\$2,000
Ankle - Bone or bones of the Foot (other than toes)		\$750
One Toe or Finger		\$100
Partial Dislocation		25%
Dislocation Benefit (Open)		
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$1,500
Collarbone (sternoclavicular)		\$2,000
Collarbone (acromioclavicular and separation)		\$1,500
Shoulder (glenohumeral)		\$1,500
Rib		\$1,500
Elbow		\$1,500
Wrist		\$1,500
Bone or Bones of the Hand (other than fingers)		\$1,500
Hip		\$8,000
Knee (except patella)		\$4,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,500
One Toe or Finger		\$200
Partial Dislocation		25%
Burn Benefit		
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per year	\$1,000
2nd Degree 10-25% surface skin burnt		\$1,000
2nd Degree 25-35% surface skin burnt		\$1,000
2nd Degree 35% or more of surface skin burnt		\$3,000
3rd Degree w/ less than 10% of surface skin burnt		\$2,000
3rd Degree 10-25% surface skin burnt		\$2,000
3rd Degree 25-35% surface skin burnt		\$4,000

3rd Degree 35% or more of surface skin burnt		\$12,000
Concussion Benefit		
Concussion	1 time(s) per year	\$250
Coma Benefit		
Coma	1 time(s) per accident; Unlimited time(s) per year	\$7,500
Laceration Benefit		
Without repair by stiches	1 time per accident; 3 time(s) per year	\$50
Repaired by stiches but less than 2 inches long		\$75
Repaired by stiches and 2-6 inches long		\$200
Repaired by stiches and over 6 inches long		\$400
Broken Tooth Benefit		
Crown	1 time(s) per accident; 3 time(s) per year (applies to all procedures)	\$200
Extraction	1 time(s) per accident; 3 time(s) per year (applies to all procedures)	\$100
Filling	1 time(s) per accident; 3 time(s) per year (applies to all procedures)	\$25
Eye Injury Benefit		
Eye Injury	1 time(s) per accident; 2 time(s) per year	\$300

		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY		
Ground Ambulance Benefit		
Ground Ambulance	1 time(s) per accident; 2 time(s) per year	\$300
Air Ambulance Benefit		
Air Ambulance	1 time(s) per accident; 2 time(s) per year	\$1,000
Emergency Care Benefit		
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit)	\$150
Physician's Office		\$75
Urgent Care		\$75

Non-Emergency Initial Care Benefit		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$75
Medical Testing Benefit		
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	1 time(s) per accident; 2 time(s) per year	\$150
Physician Follow-Up Benefit		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per year	\$75
Transportation Benefit		
Transportation	1 time(s) per accident; 2 time(s) per year	\$300
Therapy Services Benefit		
Cognitive Behavioral Therapy	10 time(s) per accident; 15 time(s) per year	\$35
Occupational Therapy		\$35
Physical Therapy		\$35
Respiratory therapy		\$35
Speech Therapy		\$35
Vocational Therapy		\$35
Pain Benefit		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per year	\$75
Prosthetic Device Benefit		
One Device Only	1 time(s) per accident; Unlimited time(s) per year	\$750
More than One Device		\$1,500
Medical Appliance Benefit		
Brace		\$75
Cane		\$75
Crutches		\$75
Walker - expected use < 1yr		\$150
Walker - expected use >=1 yr		\$300
Walking Boot		\$75
Wheel chair or motorized scooter - expected use < 1yr		\$200
Wheel chair or motorized scooter - expected use >=1yr		\$750
Other medical device used for Mobility		\$75
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$750

Modification Benefit		
Modification	1 time(s) per accident; Unlimited time(s) per year	\$2,500
Blood/ Plasma/ Platelets Benefit		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per year	\$400
Surgery Benefits		
Surgical Repair – Cranial	1 time(s) per accident; 2 time(s) per year	\$1,500
Surgical Repair – Elbow, Hip, Knee or Shoulder Replacement		\$1,500
Surgical Repair – Hernia		\$150
Surgical Repair – Ruptured Disc		\$750
Surgical Repair – Skin Graft Benefit		50%
Surgical Repair – Torn Cartilage in Knee		\$750
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$750
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,500
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,500
Exploratory Surgery (for any Surgery Benefit procedure)		\$150
Other Outpatient Surgery Benefit		
Other Outpatient Surgery Benefit	1 time(s) per accident; 2 time(s) per year	\$300

		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY		
Hospital Admission Benefit		
Admission	1 time per accident; Unlimited times per year	\$1,000
ICU Supplemental Admission (paid in addition to Admission)		\$1,000
Hospital Confinement Benefit		
Confinement	365 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$200
ICU Supplemental Confinement (paid in addition to Confinement)		\$200
Inpatient Rehabilitation Benefit		
Inpatient Rehabilitation	15 days per accident; 30 days per year	\$150

		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
OTHER BENEFITS CATEGORY		
Health Screening Benefit	1 time(s) per year	\$50
Child Care Benefit	5 day(s) per accident; 10 day(s) per year;	\$20
Lodging Benefit	15 day(s) per year	\$100

Notes Regarding Certain Benefits:

- Accidental Death Benefits Category: The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.
- Accidental Death Common Carrier Benefit: "Common Carrier": refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details.
- Lodging Benefit: The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.

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

Other Benefits	
Health Screening Benefit	<p>Paid one time per calendar year.</p> <p>The screening/prevention measures for which a Health Screening Benefit may be paid are: routine health check-up exam; biopsies for cancer; blood chemistry panel; blood test to determine total cholesterol; blood test to determine triglycerides; bone marrow testing; breast MRI; breast ultrasound; breast sonogram; cancer antigen 15-3 blood test for breast cancer (CA 15-3); cancer antigen 125 blood test for ovarian cancer (CA 125); carcinoembryonic antigen blood test for colon cancer (CEA); carotid doppler; chest x-rays; clinical testicular exam; colonoscopy; complete blood count (CBC); dental exam; digital rectal exam (DRE); Doppler screening for cancer; Doppler screening for peripheral vascular disease; echocardiogram; electrocardiogram (EKG); electroencephalogram (EEG); endoscopy; eye exam; fasting blood glucose test; fasting plasma glucose test; flexible sigmoidoscopy; hearing test; hemoccult stool specimen; hemoglobin A1C; human papillomavirus (HPV) vaccination; immunization; lipid panel; mammogram; oral cancer screening; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; serum protein electrophoresis; skin cancer biopsy; skin cancer screening; skin exam; stress test on bicycle or treadmill; successful completion of smoking cessation program; tests for sexually transmitted infections (STIs); thermography; two hour post-load plasma glucose test; ultrasounds for cancer detection; ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or virtual colonoscopy.</p> <p>For Texas residents covered under policies situated in other states, when the Health Screening Benefit is included, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).</p> <p>The Health Screening Benefit is not available in all states.</p>
MetLife AdvantagesSM – Services or Discounts added at no additional cost to you or your employees	<p>Will Preparation Services¹</p> <p>As an added benefit your employees will have access to MetLife’s online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.</p> <p>MetLife VisionAccess²</p> <p>As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.</p> <p>Digital Legacy (MetLife Infinity)³</p> <p>As an added benefit your employees will be able to create an account from web, mobile and tablet devices where they can upload, store and share digital assets including pictures, videos, audio files and documents. Assets are stored in collections where employees can share with family and friends through scheduled releases now or in the future. An employee can also set up a “trusted” individual who can release collections if the user becomes unable to do so in their future.</p>

MetLife AdvantagesSM Disclaimers

MetLife AdvantagesSM availability varies by state.

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

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

³MetLife Infinity is offered by MetLife Consumer Services, Inc., an affiliate of Metropolitan Life Insurance Company. MetLife Infinity is available to anyone regardless of affiliation with MetLife.

GROUP ACCIDENT INSURANCE EXCLUSIONS & LIMITATIONS

PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, Colorado, Connecticut, Florida, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming. The aforementioned list of states and the state variations noted below are subject to change prior to the plan enrollment period. Please contact your MetLife representative for details.

How to read this section:

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

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

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

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

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

- **for the Covered Person's use of:**
 - **any drug, medication or sedative that is taken or used as prescribed by a Physician; or**
 - **an "over the counter" drug, medication or sedative taken as directed; or**

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

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

IL: "or contributed to" deleted

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

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

CT: bullet and all 5 sub-bullets deleted and replaced with the following: "the voluntary use, of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the Covered Person's Physician for the Covered Person;"

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

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

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

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

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

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

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

SD: bullet and all 5 sub-bullets below deleted

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

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

CA: bullet and 2 sub-bullets deleted

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

- **taken or used as prescribed by a Physician; or**
- **an “over the counter” drug, medication or sedative taken as directed;**
- **alcohol in combination with any drug, medication, or sedative; or**

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

CA: bullet deleted

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

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

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

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

PA: bullet deleted

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

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

CO, MO and VT: “or insane” deleted

MN: bullet deleted

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

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

MN: bullet deleted

NY: bullet deleted – incorporated into the bullet above

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

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

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

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

OK: bullet revised to add the following at the end: “- this exclusion only applies to a Covered Person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;”

- **the Covered Person’s active participation in an insurrection, rebellion, riot, or terrorist act;**

ID: “rebellion” and “terrorist act” deleted

MD: bullet deleted

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

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

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

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

CA: bullet deleted

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

MD: bullet deleted

MI: bullet deleted – incorporated into a new bullet above

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

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

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

- **food poisoning;**

ID, NY and UT: bullet deleted

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

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

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

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

IL: Bullet revised to: “intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the Insured’s blood alcohol level meets or exceeds .08%; and”

- **motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;**

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

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

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

NY: bullet revised to “cosmetic surgery, except when such surgery is performed to reconstruct a part of the body which was disfigured or removed as a result of an Injury;”

- **treat an Injury;**

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

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

NY: bullet deleted

- **correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under this Certificate; or**

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

NY: bullet deleted

- **reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under this Certificate;**

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

NY: *bullet deleted*

ID: *New bullet added “the Covered Person’s alcoholism or drug addiction;”*

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

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

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

NH: *“care” added after “diagnosis” and before “or”*

NY: *bullet revised to “the Covered Person’s mental or emotional disorder, alcoholism or drug addiction;”*

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

NY: *bullet deleted*

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

NY: *bullet deleted*

- **activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;**

FL: *“Covered Person’s” deleted and replaced by “Covered Person to carry out the duties and responsibilities of their”*

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

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

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

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

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

NY: *bullet deleted*

- **the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;**

ID, NY and OR: *bullet deleted*

MN: *“in a professional capacity in” added after “driving” and before “any”*

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

ID: *“semi-professional or” deleted*

NY and SD: *bullet deleted*

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

ID: *bullet revised to “if acting in a professional capacity, the Covered Person hang gliding, para-kiting, or sail-gliding.”*

NY and OR: bullet deleted

In addition, We will not pay benefits for:

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

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

ID and MO: bullet deleted

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

- **any of the following outside of the United States, Canada or Mexico:**
 - **any medical or healthcare treatment, services or transportation described in the Accident – Medical Treatment & Services Benefits section of this Certificate;**

NH: add "care" after "medical" and before "or healthcare treatment". Replace "Medical Treatment & Services" with "Medical Care & Services"

- **any inpatient admission or stay in any medical or health care facility.**

(CA: the following two exclusions are added:)

Intoxicants and Controlled Substances

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

Illegal Occupation or Commission of a Felony

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

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

(CT: The following definition is added:)

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

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

General Disclaimer:

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

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

Some services in connection with the coverage may be performed by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, LLC. This service arrangement in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

NOTICE REGARDING NON-US COVERAGE

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

**Metropolitan Life Insurance Company**

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Intermediary and Producer Compensation Notice

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“Products”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an “Intermediary”). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of products inforce through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period;

(5) a fixed percentage of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts.

Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Web site at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.