



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

**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 ACCIDENTAL DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
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 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 the Low Plan or the High Plan. A schedule of the benefit amounts for each plan is set forth below.

LOW PLAN

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse	For Your Dependent Child
	\$25,000	\$12,500	\$5,000
ACCIDENTAL DEATH – COMMON CARRIER BENEFIT: *	For You	For Your Spouse	For Your Dependent Child
	\$75,000	\$37,500	\$15,000

*The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

Basic Dismemberment/Functional Loss Benefit:	Benefit
Loss of one finger or one toe	\$250
Loss of one arm or one leg	\$2,500
Loss of one hand or one foot	\$2,500
Loss of two or more fingers or toes in any combination	\$500
Loss of sight in one eye	\$2,500
Loss of hearing in one ear	\$2,500
Catastrophic Dismemberment/Functional Loss Benefit:	Benefit
Loss of both arms or both legs or one arm and one leg	\$10,000
Loss of both hands or both feet or one hand and one foot	\$10,000
Loss of sight in both eyes	\$10,000
Loss of hearing in both ears	\$10,000
Loss of ability to speak	\$10,000
Paralysis Benefit:	Benefit
Two limbs (paraplegia or hemiplegia)	\$5,000
Four limbs (quadriplegia)	\$10,000

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$500	\$1,000
Skull fracture – depressed (except bones of face or nose)	\$1,500	\$3,000
Skull fracture – non-depressed (except bones of face or nose)	\$1,000	\$2,000
Lower Jaw, Mandible (except alveolar process)	\$250	\$500
Upper Jaw, Maxilla (except alveolar process)	\$500	\$1,000
Upper Arm between Elbow and Shoulder (humerus)	\$500	\$1,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$250	\$500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$250	\$500
Rib	\$250	\$500
Finger, Toe	\$50	\$100
Vertebrae, Body of (excluding vertebral processes)	\$1,000	\$2,000
Vertebral Processes	\$250	\$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$1,000	\$2,000
Hip, Thigh (femur)	\$1,500	\$3,000
Coccyx	\$250	\$500
Leg (tibia and/or fibula)	\$1,000	\$2,000
Kneecap (patella)	\$250	\$500
Ankle	\$250	\$500
Foot (except toes)	\$250	\$500

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

Dislocation Benefit:

Full Dislocation Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Lower Jaw	\$250	\$500
Collarbone (sternoclavicular)	\$500	\$1,000
Collarbone (acromioclavicular and separation)	\$250	\$500
Shoulder (glenohumeral)	\$250	\$500
Rib	\$250	\$500
Elbow	\$250	\$500
Wrist	\$250	\$500
Bone or Bones of the Hand (other than fingers)	\$250	\$500
Hip	\$1,500	\$3,000
Knee (except patella)	\$1,000	\$2,000
Ankle - Bone or Bones of the Foot (other than toes)	\$500	\$1,000
One Toe or Finger	\$50	\$100

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

Burn Benefit:

Percentage of total surface skin area that is burnt

	Benefit for 2nd Degree Burn	Benefit for 3rd Degree Burn
Less than 10%	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%	\$250	\$2,500
35% or more	\$500	\$5,000

Skin Graft Benefit:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$200
Coma Benefit	\$5,000
Ruptured Disc with Surgical Repair Benefit	\$500
Torn Cartilage in Knee Benefit:	
With surgical repair	\$500
Exploratory Surgery without repair	\$100
Laceration Benefit:	
Repaired without stitches	\$25
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$50
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$100
Total of all lacerations is over six inches (over 15.24 cm) long	\$200
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$500
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750
Exploratory Surgery without repair	\$100
Broken Tooth Benefit:	
Crown	\$100
Extraction	\$50
Filling	\$25
Eye Injury Benefit	\$200

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$750
Ground Ambulance Benefit	\$200
Emergency Care Benefit:	
Emergency Room	\$50
Physician's Office	\$25
Urgent Care	\$25
Non-Emergency Initial Care Benefit	\$25
Medical Testing Benefit	\$100
Physician Follow-Up Visit Benefit	\$50
Transportation Benefit	\$200
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$15
Occupational therapy	\$15
Physical therapy	\$15
Respiratory therapy	\$15
Speech therapy	\$15
Vocational therapy	\$15
Pain Management Benefit (for Epidural Anesthesia)	\$50
Prosthetic Device Benefit:	
One device only	\$500
More than one device	\$1,000

Medical Appliance Benefit:	Benefit
Brace	\$50
Cane	\$50
Crutches	\$50
Walker – expected use less than 1 year	\$100
Walker – expected use 1 year or longer	\$250
Walking boot	\$50
Wheel chair or motorized scooter – expected use less than 1 year	\$100
Wheel chair or motorized scooter – expected use 1 year or longer	\$500
Other medical device used for mobility	\$50

Medical Appliance Benefit Limit:	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500

Modification Benefit	\$500
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Blood/Plasma/Platelets Benefit	\$300
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Inpatient Surgery Benefit:	
Cranial Surgery	\$1,000
Exploratory Surgery	\$100
Hernia repair	\$100
Thoracic cavity or abdominal pelvic cavity Surgery	\$1,000

Outpatient Ambulatory Surgery Benefit	\$150
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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 365 days per Covered Person per Accident

Intensive Care Unit Confinement	\$200 per day, up to 30 days per Covered Person per Accident
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Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
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OTHER BENEFITS

Lodging Benefit	\$100 per day, up to 30 days per calendar year
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HIGH PLAN

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

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

*The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

Basic Dismemberment/Functional Loss Benefit:	Benefit
Loss of one finger or one toe	\$500
Loss of one arm or one leg	\$10,000
Loss of one hand or one foot	\$10,000
Loss of two or more fingers or toes in any combination	\$1,000
Loss of sight in one eye	\$10,000
Loss of hearing in one ear	\$10,000
Catastrophic Dismemberment/Functional Loss Benefit:	Benefit
Loss of both arms or both legs or one arm and one leg	\$50,000
Loss of both hands or both feet or one hand and one foot	\$50,000
Loss of sight in both eyes	\$50,000
Loss of hearing in both ears	\$50,000
Loss of ability to speak	\$50,000
Paralysis Benefit:	Benefit
Two limbs (paraplegia or hemiplegia)	\$25,000
Four limbs (quadriplegia)	\$50,000

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,000	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

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

Dislocation Benefit:

Full Dislocation Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Lower Jaw	\$500	\$1,000
Collarbone (sternoclavicular)	\$1,000	\$2,000
Collarbone (acromioclavicular and separation)	\$500	\$1,000
Shoulder (glenohumeral)	\$500	\$1,000
Rib	\$500	\$1,000
Elbow	\$500	\$1,000
Wrist	\$500	\$1,000
Bone or Bones of the Hand (other than fingers)	\$500	\$1,000
Hip	\$3,000	\$6,000
Knee (except patella)	\$2,000	\$4,000
Ankle - Bone or Bones of the Foot (other than toes)	\$1,000	\$2,000
One Toe or Finger	\$100	\$200

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

Burn Benefit:

Percentage of total surface skin area that is burnt

	Benefit for 2nd Degree Burn	Benefit for 3rd Degree Burn
Less than 10%	\$100	\$1,000
At least 10% but less than 25%	\$200	\$2,000
At least 25% but less than 35%	\$500	\$5,000
35% or more	\$1,000	\$10,000

Skin Graft Benefit:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit:	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
Laceration Benefit:	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$750
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
Broken Tooth Benefit:	
Crown	\$200
Extraction	\$100
Filling	\$50
Eye Injury Benefit	\$300

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$100
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$75
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

Medical Appliance Benefit:	Benefit
Brace	\$100
Cane	\$100
Crutches	\$100
Walker – expected use less than 1 year	\$200
Walker – expected use 1 year or longer	\$500
Walking boot	\$100
Wheel chair or motorized scooter – expected use less than 1 year	\$200
Wheel chair or motorized scooter – expected use 1 year or longer	\$1,000
Other medical device used for mobility	\$100

Medical Appliance Benefit Limit:	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000

Modification Benefit	\$1,000
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Blood/Plasma/Platelets Benefit	\$400
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Inpatient Surgery Benefit:	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

Outpatient Ambulatory Surgery Benefit	\$300
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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 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 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
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OTHER BENEFITS

Lodging Benefit	\$200 per day, up to 30 days per calendar year
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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.

5) EXCLUSIONS

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

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

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

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

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.

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.

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 for You and for Your Dependents 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.