



Supplemental Medical Plans Guide

Medical insurance does not prevent all the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Critical Illness, Hospital Indemnity and Accident Insurance can help cover this out-of-pocket financial exposure for a reasonable cost.*

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the benefit even if you have other insurance.

Please note: These plans are not replacements for medical insurance.

Click on the links below for more details on your available options

- | | | |
|------------------------------------|----------------------|---------------------|
| • <u>Critical Illness</u> | Plan Overview | Plan Details |
| • <u>Hospital Indemnity</u> | Plan Overview | Plan Details |
| • <u>Accident</u> | Plan Overview | Plan Details |

* The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefit

Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Critical Illness, Hospital Indemnity and Accident Insurance can help cover this out-of-pocket financial exposure for a reasonable cost.

Have you ever known someone who was diagnosed with a critical illness, experienced an accident, or was hospitalized? Events like these happen unexpectedly. Don't go another day unprotected. Enroll in your supplemental medical plans and be prepared for whatever tomorrow brings.*

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the benefit even if you have other insurance. **Please note: These plans are not replacements for medical insurance.**

Critical Illness Insurance




You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Covered Illnesses include (but not limited to):

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant
- End Stage Renal (Kidney) Failure

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required to enroll.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

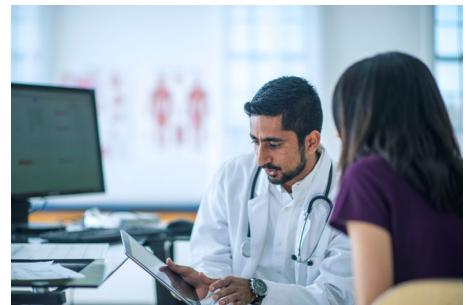


Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

How Critical Illness Insurance Works

When Sam had a stroke, he was grateful the doctors were able to stabilize his condition, but he learned there was some permanent damage to his vision. He began to see his out-of-pocket costs adding up quickly. The good news is he received a lump sum payment of \$10,000 from the Critical Illness coverage he elected at Open Enrollment to help cover these expenses.



* The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefit





Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit if you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required to enroll.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.



Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

How Hospital Indemnity Insurance Works

Taylor is injured in a car accident and is in the hospital for four days. She is then moved to a rehabilitation unit for three additional days. She receives a benefit for being admitted into the hospital and a benefit for each day of her in-patient and rehab stays because she enrolled in Hospital Indemnity Insurance during Open enrollment.



How Taylor's Hospital Indemnity Benefit Was Calculated:

Medical Service	Sample Benefit	Total
Hospital Admission	\$1,000 per admission	\$1,000
Hospital Confinement	\$200 per day (4 days)	\$800
Inpatient Rehabilitation Unit	\$200 per day (3 days)	\$600
TOTAL SAMPLE BENEFIT		\$2,400

This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

Plan Features



Guaranteed Acceptance: There are no health questions or physical exams required to enroll.



Family Coverage: You can elect to cover your spouse and children.



Portable Coverage: You can take your policy with you if you change jobs or



Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.



How Accident Insurance Works

Pat loves working in the backyard garden on the weekends. One day while carrying some supplies, she tripped and sprained her ankle and broke her big toe!

The accident requires not only a trip to the emergency room, but also physician follow-up visits, and physical therapy treatments. Fortunately, Pat has Accident Insurance which helps cover the out-of-pocket medical costs, including the deductible and coinsurance.



How Pat's Accident Benefit Was Calculated:

Medical Service	Sample Benefit
Emergency Room	\$ 300
Fracture Benefit	\$ 500
Physician Follow-Up Visits (2)	\$ 200 (\$100 per visit)
Physical Therapy Visits (6)	\$ 540 (\$90 per visit)
TOTAL SAMPLE BENEFIT	\$1,540

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

Critical Illness Insurance

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.



Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	\$10,000, \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse/Domestic Partner	50% of the Employee's Initial Benefit	Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.
Dependent Child(ren)³	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition.

Plan Design – Covered Conditions

- **Initial Benefit** means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- **Recurrence Benefit** means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

Covered Conditions	Initial Benefit	Recurrence Benefit
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	NONE
Coronary Artery Disease Category		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE



Critical Illness Insurance

Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	NONE
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest <i>Payable upon death</i>	25% of Benefit Amount	NONE
Infectious Disease Category		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	NONE
Encephalitis	25% of Benefit Amount	NONE
Legionnaire's Disease	25% of Benefit Amount	NONE
Malaria	25% of Benefit Amount	NONE
Necrotizing Fasciitis	25% of Benefit Amount	NONE
Osteomyelitis	25% of Benefit Amount	NONE
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	NONE
Tuberculosis	25% of Benefit Amount	NONE
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	NONE
Progressive Disease Category		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		

Critical Illness Insurance

Stroke	100% of Benefit Amount	100% of Initial Benefit
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* Notes Regarding Covered Conditions

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
 - Loss of: Ability to Speak; Hearing; or Sight
 - Paralysis
 - Severe Burn

Health Screening Benefit MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Questions & Answers

Q. Who is eligible to enroll for this critical illness coverage?

A. You are eligible to enroll yourself and your eligible family members!⁵ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my critical illness coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.⁶ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: mybenefits.metlife.com.

Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Critical Illness Insurance

4-Tier Rating Monthly Employee: \$30,000 Spouse: \$15,000 Child(ren): \$15,000									
Wellness Integrated									
Non-Tobacco User					Tobacco User				
Attained Age	EE Only	EE+SP	EE+CH	Family	Attained Age	EE Only	EE + SP	EE + CH	FAMILY
Under 25	\$9.00	\$14.40	\$12.90	\$18.30	Under 25	\$10.50	\$16.80	\$14.40	\$20.70
25-29	\$9.00	\$15.60	\$12.90	\$19.50	25 - 29	\$11.70	\$19.50	\$15.60	\$23.40
30-34	\$11.70	\$18.30	\$15.60	\$22.20	30 - 34	\$15.60	\$23.40	\$19.50	\$27.30
35-39	\$14.40	\$23.40	\$18.30	\$27.30	35 - 39	\$22.20	\$32.40	\$26.10	\$36.30
40-44	\$19.50	\$30.00	\$23.40	\$33.90	40 - 44	\$31.20	\$45.60	\$35.10	\$49.50
45-49	\$26.10	\$39.00	\$30.00	\$42.90	45 - 49	\$42.90	\$63.60	\$46.80	\$67.50
50-54	\$32.40	\$49.50	\$36.30	\$53.40	50 - 54	\$54.60	\$83.10	\$58.50	\$87.00
55-59	\$42.90	\$67.50	\$46.80	\$71.40	55 - 59	\$74.10	\$115.80	\$78.00	\$119.70
60-64	\$55.80	\$88.50	\$59.70	\$92.40	60 - 64	\$96.30	\$150.90	\$100.20	\$156.00
65-69	\$72.90	\$115.80	\$76.80	\$119.70	65 - 69	\$126.00	\$200.10	\$129.90	\$204.00
70-74	\$96.30	\$153.30	\$100.20	\$157.20	70-74	\$167.70	\$264.00	\$171.60	\$267.90
75+	\$140.40	\$218.40	\$144.30	\$222.30	75+	\$236.70	\$366.60	\$240.60	\$370.50

4-Tier Rating Monthly Employee: \$20,000 Spouse: \$10,000 Child(ren): \$10,000									
Wellness Integrated									
Non-Tobacco User					Tobacco User				
Attained Age	EE Only	EE+SP	EE+CH	Family	Attained Age	EE Only	EE + SP	EE + CH	FAMILY
Under 25	\$6.00	\$9.60	\$8.60	\$12.20	Under 25	\$7.00	\$11.20	\$9.60	\$13.80
25-29	\$6.00	\$10.40	\$8.60	\$13.00	25 - 29	\$7.80	\$13.00	\$10.40	\$15.60
30-34	\$7.80	\$12.20	\$10.40	\$14.80	30 - 34	\$10.40	\$15.60	\$13.00	\$18.20
35-39	\$9.60	\$15.60	\$12.20	\$18.20	35 - 39	\$14.80	\$21.60	\$17.40	\$24.20
40-44	\$13.00	\$20.00	\$15.60	\$22.60	40 - 44	\$20.80	\$30.40	\$23.40	\$33.00
45-49	\$17.40	\$26.00	\$20.00	\$28.60	45 - 49	\$28.60	\$42.40	\$31.20	\$45.00
50-54	\$21.60	\$33.00	\$24.20	\$35.60	50 - 54	\$36.40	\$55.40	\$39.00	\$58.00
55-59	\$28.60	\$45.00	\$31.20	\$47.60	55 - 59	\$49.40	\$77.20	\$52.00	\$79.80
60-64	\$37.20	\$59.00	\$39.80	\$61.60	60 - 64	\$64.20	\$100.60	\$66.80	\$104.00
65-69	\$48.60	\$77.20	\$51.20	\$79.80	65 - 69	\$84.00	\$133.40	\$86.60	\$136.00
70-74	\$64.20	\$102.20	\$66.80	\$104.80	70-74	\$111.80	\$176.00	\$114.40	\$178.60
75+	\$93.60	\$145.60	\$96.20	\$148.20	75+	\$157.80	\$244.40	\$160.40	\$247.00

4-Tier Rating

Critical Illness Insurance

Monthly									
Employee: \$10,000 Spouse: \$5,000 Child(ren): \$5,000									
Wellness Integrated									
Non-Tobacco User					Tobacco User				
Attained Age	EE Only	EE+SP	EE+CH	Family	Attained Age	EE Only	EE + SP	EE + CH	FAMILY
Under 25	\$3.00	\$4.80	\$4.30	\$6.10	Under 25	\$3.50	\$5.60	\$4.80	\$6.90
25-29	\$3.00	\$5.20	\$4.30	\$6.50	25 - 29	\$3.90	\$6.50	\$5.20	\$7.80
30-34	\$3.90	\$6.10	\$5.20	\$7.40	30 - 34	\$5.20	\$7.80	\$6.50	\$9.10
35-39	\$4.80	\$7.80	\$6.10	\$9.10	35 - 39	\$7.40	\$10.80	\$8.70	\$12.10
40-44	\$6.50	\$10.00	\$7.80	\$11.30	40 - 44	\$10.40	\$15.20	\$11.70	\$16.50
45-49	\$8.70	\$13.00	\$10.00	\$14.30	45 - 49	\$14.30	\$21.20	\$15.60	\$22.50
50-54	\$10.80	\$16.50	\$12.10	\$17.80	50 - 54	\$18.20	\$27.70	\$19.50	\$29.00
55-59	\$14.30	\$22.50	\$15.60	\$23.80	55 - 59	\$24.70	\$38.60	\$26.00	\$39.90
60-64	\$18.60	\$29.50	\$19.90	\$30.80	60 - 64	\$32.10	\$50.30	\$33.40	\$52.00
65-69	\$24.30	\$38.60	\$25.60	\$39.90	65 - 69	\$42.00	\$66.70	\$43.30	\$68.00
70-74	\$32.10	\$51.10	\$33.40	\$52.40	70-74	\$55.90	\$88.00	\$57.20	\$89.30
75+	\$46.80	\$72.80	\$48.10	\$74.10	75+	\$78.90	\$122.20	\$80.20	\$123.50

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

¹ [Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.]

¹ [Coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.]

² Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

³ Dependent Child coverage varies by state. Please contact MetLife for more information.

⁴ Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

⁵ Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

⁶ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a preexisting condition exclusion. There may be a Benefit Reduction Due to Age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses

Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.



Hospital Indemnity Insurance Benefits

With MetLife, you'll have a comprehensive plan, which provide lump sum cash payments for covered events regardless of any other payments you may receive from your medical plan. Here are just some of the covered benefits/services^B, when an accident or illness puts you in the hospital.^A

Covered Benefits

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

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Hospital Benefits			
Admission Benefit	1 time per sickness/injury ¹	Admission	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$1,000
Confinement Benefit	30 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 30 of those days	Confinement ⁴	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$200
Confinement Benefit for Newborn Nursery Care	3 day(s) per confinement	Confinement Benefit for Newborn Nursery Care ⁵	\$200
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$200
Other Benefits			
Health Screening Benefit ⁷	1 time(s) per calendar year per covered person	Health Screening	\$50

¹ The Admission Benefit for residents of CT and ID will be increased to \$825/\$1,650 for plan design(s) Low/High and \$850/\$1,725 for plan design(s) Low/High, respectively, because some benefits in this plan design are not available. See the Schedule of benefits in the CT and ID certificate. The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires 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. Please consult your certificate for details.

² When plan includes an Admission Benefit, the Confinement Benefit begins on Day 2.

³ The Newborn Confinement Period Begins Immediately following the child's birth.

⁴ Benefit(s) that requires prior Admission or Confinement. Inpatient Rehabilitation Unit Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.

⁵ Diagnostic Procedure is payable at an Outpatient Surgery Facility.

⁶ In certain states, the Health Screening benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical 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, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, 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 and virtual colonoscopy. There is a separate mammogram benefit for MT residents and for cases situated in CA and MT.

⁷ 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.



Hospital Indemnity Insurance

Hospital Benefits	Benefit Amount
Regular Hospital Admission (1x)	\$1,000
ICU Supplemental Admission (1x)	\$1000
Regular Hospital Confinement (30 days per calendar year)	\$200
ICU Supplemental Confinement	\$200

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. You are eligible to enroll yourself and your eligible family members. ^c You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. ^d

Q. What is the coverage effective date?

A. The coverage effective date is 01/01/2024.

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant. Or visit our website: www.mybenefits.metlife.com

Insurance Rates

MetLife offers group rates and payroll deductions, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Coverage Type	Daily Benefit	Monthly Rate
Employee	\$200	\$17.81
Employee + Spouse	\$200	\$31.42
Employee + Children	\$200	\$26.61
Employee + Family	\$200	\$40.26

Note: Final implemented rates may vary slightly due to rounding.

Hospital Indemnity Insurance

^A Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

^B Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. There is a pre-existing exclusion for covered sicknesses. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

^C Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas."

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

METLIFE'S HOSPITAL INDEMNITY 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. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may 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, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

Accident Insurance

Benefits that may help cover costs such as those not covered by your medical plan.



Accident Insurance Benefits

With MetLife, you'll have a plan that provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

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	\$25,000
Accidental Death Common Carrier		\$150,000	\$75,000	\$50,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY				
Basic Dismemberment/Functional Loss Benefit				
Loss of one finger or one toe	N/A	\$500	\$500	\$500
Loss of one arm or one leg		\$10,000	\$10,000	\$10,000
Loss of one hand or one foot		\$10,000	\$10,000	\$10,000
Loss of two or more fingers or toes		\$1,000	\$1,000	\$1,000
Loss of sight in one eye		\$10,000	\$10,000	\$10,000
Loss of hearing in one ear		\$10,000	\$10,000	\$10,000
Catastrophic Dismemberment/Functional Loss Benefit				
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	\$30,000	\$30,000	\$30,000
Four Limbs (quadriplegia)		\$60,000	\$60,000	\$60,000



Accident Insurance

		BENEFIT AMOUNTS		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
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	\$1,000	\$1,000
Skull Fracture - depressed (except bones of face or nose)		\$4,000	\$4,000	\$4,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,000	\$2,000	\$2,000
Lower Jaw, Mandible (except alveolar process)		\$500	\$500	\$500
Upper Jaw, Maxilla (except alveolar process)		\$1,000	\$1,000	\$1,000
Upper Arm between Elbow and Shoulder (humerus)		\$1,000	\$1,000	\$1,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$500	\$500	\$500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$2,000	\$2,000	\$2,000
Rib		\$500	\$500	\$500
Finger, Toe		\$100	\$100	\$100
Vertebrae, Body of (excluding vertebral processes)		\$2,000	\$2,000	\$2,000
Vertebral Process		\$500	\$500	\$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,000	\$2,000	\$2,000
Hip, Thigh (femur)		\$4,000	\$4,000	\$4,000
Coccyx		\$500	\$500	\$500
Leg (tibia and/or fibula)		\$2,000	\$2,000	\$2,000
Kneecap (patella)		\$500	\$500	\$500
Ankle		\$500	\$500	\$500
Foot (except toes)		\$500	\$500	\$500
Chip Fracture			25%	25%

Accident Insurance

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

Accident Insurance

Hip		\$3,000	\$3,000	\$3,000
Knee (except patella)		\$2,000	\$2,000	\$2,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,000	\$1,000	\$1,000
One Toe or Finger		\$100	\$100	\$100
Partial Dislocation		25%	25%	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.	\$1,000	\$1,000	\$1,000
Collarbone (sternoclavicular)		\$2,000	\$2,000	\$2,000
Collarbone (acromioclavicular and separation)		\$1,000	\$1,000	\$1,000
Shoulder (glenohumeral)		\$1,750	\$1,750	\$1,750
Rib		\$1,000	\$1,000	\$1,000
Elbow		\$1,000	\$1,000	\$1,000
Wrist		\$1,000	\$1,000	\$1,000
Bone or Bones of the Hand (other than fingers)		\$1,000	\$1,000	\$1,000
Hip		\$6,000	\$6,000	\$6,000
Knee (except patella)		\$4,000	\$4,000	\$4,000
Ankle - Bone or bones of the Foot (other than toes)		\$2,000	\$2,000	\$2,000
One Toe or Finger		\$200	\$200	\$200
Partial Dislocation		25%	25%	25%
Burn Benefit				
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$100	\$100	\$100
2nd Degree 10-25% surface skin burnt		\$200	\$200	\$200
2nd Degree 25-35% surface skin burnt		\$500	\$500	\$500
2nd Degree 35% or more of surface skin burnt		\$1,000	\$1,000	\$1,000
3rd Degree w/ less than 10% of surface skin burnt		\$1,000	\$1,000	\$1,000
3rd Degree 10-25% surface skin burnt		\$2,000	\$2,000	\$2,000
3rd Degree 25-35% surface skin burnt		\$5,000	\$5,000	\$5,000
3rd Degree 35% or more of surface skin burnt		\$10,000	\$10,000	\$10,000
Concussion Benefit				
Concussion	1 time(s) per calendar year	\$400	\$400	\$400

Accident Insurance

Coma Benefit				
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$10,000	\$10,000	\$10,000
Laceration Benefit				
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	\$75	\$75	\$75
Repaired by stitches but less than 2 inches long		\$150	\$150	\$150
Repaired by stitches and 2-6 inches long		\$300	\$300	\$300
Repaired by stitches and over 6 inches long		\$600	\$600	\$600
Broken Tooth Benefit				
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$200	\$200	\$200
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$100	\$100	\$100
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$50	\$50	\$50
Eye Injury Benefit				
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$300	\$300

		BENEFIT AMOUNTS		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY				
Ground Ambulance Benefit				
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$300	\$300
Air Ambulance Benefit				
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,000	\$1,000

Accident Insurance

Emergency Care Benefit				
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$200	\$200	\$200
Physician's Office		\$100	\$100	\$100
Urgent Care		\$150	\$150	\$150
Non-Emergency Initial Care Benefit				
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$100	\$100	\$100
Medical Testing Benefit				
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$150	\$150	\$150
Physician Follow-Up Benefit				
Physician Follow-Up Visit	4 time(s) per accident; Unlimited time(s) per calendar year	\$100	\$100	\$100
Transportation Benefit				
Transportation	3 time(s) per accident; 3 time(s) per calendar year	\$400	\$400	\$400
Therapy Services Benefit				
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$50	\$50	\$50
Chiropractic Therapy		\$50	\$50	\$50
Cognitive Behavioral Therapy		\$50	\$50	\$50
Occupational Therapy		\$50	\$50	\$50
Physical Therapy		\$50	\$50	\$50
Respiratory therapy		\$50	\$50	\$50
Speech Therapy		\$50	\$50	\$50
Vocational Therapy		\$50	\$50	\$50
Pain Benefit				
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$100	\$100	\$100

Accident Insurance

Prosthetic Device Benefit				
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$750	\$750	\$750
More than One Device		\$1,500	\$1,500	\$1,500
Medical Appliance Benefit				
Brace		\$100	\$100	\$100
Cane		\$100	\$100	\$100
Crutches		\$100	\$100	\$100
Walker - expected use < 1yr		\$200	\$200	\$200
Walker - expected use >=1 yr		\$500	\$500	\$500
Walking Boot		\$100	\$100	\$100
Wheel chair or motorized scooter - expected use < 1yr		\$200	\$200	\$200
Wheel chair or motorized scooter - expected use >=1yr		\$1,000	\$1,000	\$1,000
Other medical device used for Mobility		\$100	\$100	\$100
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,000	\$1,000	\$1,000
Modification Benefit				
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,000	\$1,000
Blood/ Plasma/ Platelets Benefit				
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$300	\$300
Surgery Benefits				
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$2,000	\$2,000	\$2,000
Surgical Repair – Hernia		\$200	\$200	\$200
Surgical Repair – Ruptured Disc		\$1,000	\$1,000	\$1,000
Surgical Repair – Skin Graft (% of Burn Benefit)		50%	50%	50%
Surgical Repair – Torn Cartilage in Knee		\$750	\$750	\$750
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$750	\$750	\$750

Accident Insurance

Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,000	\$1,000	\$1,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$2,000	\$2,000	\$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$200	\$200	\$200
Other Outpatient Surgery Benefit				
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$300	\$300

		BENEFIT AMOUNTS		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
ACCIDENT – HOSPITAL BENEFITS CATEGORY				
Hospital Admission Benefit				
Admission	1 time per accident; Unlimited times per calendar year	\$1,000	\$1,000	\$1,000
ICU Supplemental Admission (paid in addition to Admission)		\$1,000	\$1,000	\$1,000
Hospital Confinement Benefit				
Confinement	365 days per accident. Payable on the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 365 of those days.	\$300	\$300	\$300
ICU Supplemental Confinement (paid in addition to Confinement)		\$300	\$300	\$300
Inpatient Rehabilitation Benefit				
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$200	\$200	\$200

		BENEFIT AMOUNTS		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
OTHER BENEFITS CATEGORY				
Health Screening Benefit	1 time(s) per calendar year	\$50	\$50	\$50
Lodging Benefit	30 day(s) per calendar year	\$100	\$100	\$100

Accident Insurance

Organized Sports Activity Injury Benefit Rider

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

* 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.
- In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical 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, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, 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 and virtual colonoscopy.

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

Benefit Payment Example

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event ³	Benefit Amount
Ambulance (ground)	\$300
Emergency Care	\$200
Physician Follow-Up (4 time(s) per accident; Unlimited time(s) per calendar year)	\$100
Medical Testing	\$150
Concussion	\$400

Accident Insurance

Broken Tooth (repaired by crown)	\$200
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Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

Questions & Answers

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members!⁴ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.⁵ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1- 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: mybenefits.metlife.com.

Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Proposed Rates

Type	Monthly
Employee Only	\$5.55
Employee + Spouse	\$10.79
Employee + Children	\$13.09
Employee + Spouse and Children	\$15.34

¹ Covered services/treatments must be the result of a covered accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

³ Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

⁴ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

⁵ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.]

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. 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.