



## Covered Benefits

All benefits other than those related to Hospital-Sickness must relate to injuries sustained in an accident. Please contact MetLife for detailed definitions and state variations of covered benefits.

Category	Subcategory	Benefits	Low Plan*			High Plan*		
			Employee	Spouse	Child	Employee	Spouse	Child
Death	Accidental Death	Basic Accidental Death Benefit	\$25,000	\$12,500	\$5,000	\$50,000	\$25,000	\$10,000
		AD Common Carrier <sup>1</sup> Benefit	\$75,000	\$37,500	\$15,000	\$150,000	\$75,000	\$30,000
Accidental Dismemberment/Functional Loss/Paralysis Benefits	Basic Dismemberment/Functional Loss Benefit	Loss of one finger or one toe	\$250	\$250	\$250	\$500	\$500	\$500
		Loss of one arm or one leg	\$2,500	\$2,500	\$2,500	\$10,000	\$10,000	\$10,000
		Loss of one hand or one foot	\$2,500	\$2,500	\$2,500	\$10,000	\$10,000	\$10,000
		Loss of two or more fingers or toes in any combination	\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
		Loss of sight in one eye	\$2,500	\$2,500	\$2,500	\$10,000	\$10,000	\$10,000
		Loss of hearing in one ear	\$2,500	\$2,500	\$2,500	\$10,000	\$10,000	\$10,000
	Catastrophic Dismemberment/Functional Loss Benefit	Loss of both arms or both legs or one arm and one leg	\$10,000	\$10,000	\$10,000	\$50,000	\$50,000	\$50,000
		Loss of both hands or both feet or one hand and one foot	\$10,000	\$10,000	\$10,000	\$50,000	\$50,000	\$50,000
		Loss of sight in both eyes	\$10,000	\$10,000	\$10,000	\$50,000	\$50,000	\$50,000
		Loss of hearing in both ears	\$10,000	\$10,000	\$10,000	\$50,000	\$50,000	\$50,000
		Loss of ability to speak	\$10,000	\$10,000	\$10,000	\$50,000	\$50,000	\$50,000
	Paralysis Benefit	Two Limbs (paraplegia or hemiplegia)	\$5,000	\$5,000	\$5,000	\$25,000	\$25,000	\$25,000
Four Limbs (quadriplegia)		\$10,000	\$10,000	\$10,000	\$50,000	\$50,000	\$50,000	

\*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

<sup>1</sup>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.

		Benefits		Low Plan	High Plan
Category	Subcategory	Benefits			
Accidental Injury Benefits	Fracture Benefit (Closed)	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 Process		\$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		25%	25%	
	Fracture Benefit (Open)	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		

		Benefits		Low Plan	High Plan
Category	Subcategory	Benefits			
Accidental Injury Benefits	Fracture Benefit (Open)	Vertebral Process		\$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		25%	25%	
	Dislocation Benefit (Closed)	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		25%	25%	
	Dislocation Benefit (Open)	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			25%	25%	

Benefits			Low Plan	High Plan
Category	Subcategory	Benefits		
Accidental Injury	Burn Benefit	2nd Degree w/ less than 10% of surface skin burnt	\$50	\$100
		2nd Degree 10-25% surface skin burnt	\$100	\$200
		2nd Degree 25-35% surface skin burnt	\$250	\$500
		2nd Degree 35% or more of surface skin burnt	\$500	\$1,000
		3rd Degree w/ less than 10% of surface skin burnt	\$500	\$1,000
		3rd Degree 10-25% surface skin burnt	\$1,000	\$2,000
		3rd Degree 25-35% surface skin burnt	\$2,500	\$5,000
		3rd Degree 35% or more of surface skin burnt	\$5,000	\$10,000
	Skin Graft Benefit	Skin Graft for 2nd or 3rd Degree burn	50%	50%
	Concussion Benefit	Concussion	\$200	\$400
	Coma Benefit	Coma	\$5,000	\$10,000
	Ruptured Disc	Surgical Repair Benefit	\$500	\$1,000
	Torn Cartilage in Knee	With surgical repair	\$500	\$750
		Exploratory Surgery without repair (Torn Cartilage)	\$100	\$150
	Laceration Benefit	Without repair by stiches	\$25	\$50
		Repaired by stiches but less than 2 inches long	\$50	\$100
		Repaired by stiches and 2-6 inches long	\$100	\$200
		Repaired by stiches and over 6 inches long	\$200	\$400
	Torn, Ruptured or Severed Tendon/Ligament/Rotator Cuff	Surgical repair: one tendon/ligament/rotator cuff	\$500	\$750
		Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750	\$1,000
		Exploratory Surgery without repair	\$100	\$150
	Accidentally Broken Tooth Benefit	Crown	\$100	\$200
		Extraction	\$50	\$100
Filling		\$25	\$50	
Eye Injury	Eye Injury Benefit	\$200	\$300	

Benefits			Low Plan	High Plan
Category	Subcategory	Benefits		
Accident - Medical Treatment and Services Benefits	Ambulance	Air Benefit	\$750	\$1,000
		Ground Benefit	\$200	\$300
	Transportation	Transportation Benefit	\$200	\$400
	Emergency Care Benefit	Emergency Room	\$50	\$100
		Physician's Office	\$25	\$50
		Urgent Care	\$25	\$50
	Non- Emergency	Initial Care Benefit	\$25	\$50
	Medical Testing	Medical Testing Benefit (X-Ray, MR/MRI, ultrasound, NCV, CT/CAT, EEG)	\$100	\$200
	Physician Follow-Up Visit Benefit	Visit Benefit	\$50	\$75
	Therapy Services	Cognitive Behavioral Therapy	\$15	\$25
		Occupational Therapy	\$15	\$25
		Physical Therapy	\$15	\$25
		Respiratory therapy	\$15	\$25
		Speech Therapy	\$15	\$25
Vocational Therapy		\$15	\$25	
Accident - Medical Treatment and Services Benefits	Pain	Pain Management Benefit (for Epidural Anesthesia)	\$50	\$100
	Prosthetic Device Benefit	One Device Only	\$500	\$750
		More than One Device	\$1,000	\$1,500
	Medical Appliance Benefit	Brace	\$50	\$100
		Cane	\$50	\$100
		Crutches	\$50	\$100
		Walker - expected use < 1yr	\$100	\$200
		Walker - expected use >=1 yr	\$250	\$500
		Walking Boot	\$50	\$100
		Wheel chair or motorized scooter- expected use < 1yr	\$100	\$200
		Wheel chair or motorized scooter- expected use >=1yr	\$500	\$1,000
		Other medical device used for Mobility	\$50	\$100
	Medical Appliance Benefit Limit	Limit for all Medical Appliances combined, per Covered Person, per Accident	\$500	\$1,000
Modification Benefit	Modification Benefit	\$500	\$1,000	
Blood/ Plasma/ Platelets	Blood Benefit	\$300	\$400	

Benefits			Low Plan	High Plan
Category	Subcategory	Benefits		
Accident - Medical Treatment and Services Benefits	Inpatient Surgery Benefit	Cranial surgery	\$1,000	\$2,000
		Exploratory Surgery	\$100	\$200
		Hernia Repair	\$100	\$200
		Thoracic cavity or abdominal pelvic cavity surgery	\$1,000	\$2,000
	Outpatient Ambulatory Surgery Benefit	Outpatient Surgery Benefit	\$150	\$300
Accident - Hospital Benefits	Accident -Hospital Admission Benefit	Non- ICU Hospital Admission payable 1 time per Accident	\$500	\$1,000
		Intensive Care Unit Admission payable 1 time per Accident	\$1,000	\$2,000
	Accident - Hospital Confinement Benefit	Non- ICU Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$100	\$200
		ICU Accident Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$200	\$400
	Rehab	Inpatient Rehabilitation Benefit is payable for up to 15 days per covered person per accident, but not to exceed 30 days per calendar year.	\$100	\$200
Other Benefits	Health Screening	Health Screening Benefit	\$100	\$100
Sickness - Hospital Benefits	Sickness - Hospital Admission Benefit	Non- ICU Hospital Admission payable 1 time(s) per calendar year	\$150	\$150
		Intensive Care Unit Admission payable 1 time(s) per calendar year	\$300	\$300
	Sickness - Hospital Confinement Benefit	Non-ICU Sickness Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$100	\$100
		ICU Sickness Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$200	\$200

<b>Other Benefits</b>	
<b>Health Screening Benefit</b>	<p>Paid one time per calendar year.</p> <p>The Covered Tests are: physical exam, biopsies for cancer, 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, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), endoscopy, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hemocult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, 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.</p> <p>The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).</p>
<b>MetLife Advantages<sup>SM</sup> - Services or Discounts added at no additional cost to you or your employees</b>	<p><b>Will Preparation Services<sup>1</sup></b></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><b>MetLife VisionAccess<sup>2</sup></b></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><b>Digital Legacy (MetLife Infinity)<sup>3</sup></b></p> <p>As an added benefit your employees will be able to create an account from web, mobile and tablet devices where they can to 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> <p><b>Funeral Discount and Planning Services<sup>4</sup></b></p> <p>As an added benefit your employees will have access to funeral discounts and planning services. Through Dignity Memorial, employees and family members will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North</p>

America.
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### MetLife Advantages<sup>SM</sup> Disclaimers

MetLife Advantages<sup>SM</sup> availability may vary by state.

<sup>1</sup>WillsCenter.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.

<sup>2</sup>MetLife VisionAccess is a discount program and not an insured benefit. The program is available at no charge regardless of enrollment in other MetLife benefits as long as the plan sponsor has an active MetLife group product. 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.

<sup>3</sup>MetLife 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.

<sup>4</sup>Funeral Discount and Planning Services - Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. SCI offers planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for funeral services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the funeral services discount is available for "At Need" services only. Not approved in AK, CT, FL, KS, KY, MD, MO, MT, ND, NH, NJ, NY, TX and WA.



## 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, Connecticut, Delaware, Idaho, Louisiana, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Washington and Wyoming.

### How to read this section:

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

### Exclusions Applicable to Accident Benefits

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 for the Covered Person's use of:**

*ID, NY: paragraph including the two sub-bullets deleted*

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

- **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:**

*IL: "or contributed to" deleted*

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

*ID, SD: bullet and all 5 sub-bullets below deleted;*

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

*MD: bullet and all 5 sub-bullets deleted and replaced with the following: "for Accidental Death Benefits or Accidental Dismemberment/Functional Loss/Paralysis Benefits, a loss sustained or contracted by the consequence of the Covered Person's being intoxicated or under the influence of any narcotic:"*

*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*

*NV: the following is added at the end of this bullet and the 5 sub-bullets: "the above exclusion applies only if the Covered Person is committing or attempting to commit a felony at the time of the Accident;"*

*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;"*

*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;*

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

WA: bullet and following 4 sub-bullets deleted

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

CA, CT: 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**

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 by any means 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;”

WA: revised to “We will not pay benefits for the Covered Person’s voluntary use, by any means, of poison, gas or fumes.”

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

CO, MO, VT: “or insane” deleted

MN: bullet revised to “with respect to Accidental Death Benefits section of this certificate and the Accidental Dismemberment/Functional Loss/Paralysis Benefits section of this certificate, the Covered Person’s suicide or attempted suicide (while sane or insane)

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

- **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

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 changed to “for Accidental Death Benefits or Accidental Dismemberment/Functional Loss/Paralysis Benefits, the Covered Person’s commission or attempt to commit a felony;”*

NJ: *bullet changed to “the Covered Person’s commission 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”*

- **the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;**

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

ID, NY: *bullet deleted*

MD: *the exclusion is changed to read as follows:*

- *“the Covered Person’s infection, other than:*
- *infection occurring in an external wound resulting from an Injury:*
- *infection resulting from the Covered Person’s commission of or attempt to commit a crime (only applies to benefits other than Accidental Death Benefits or Accidental Dismemberment/Functional Loss/ Paralysis Benefits; or*
- *for Accidental Death Benefits or Accidental Dismemberment/Functional Loss/Paralysis Benefits, infection resulting from accidental exposure to infectious agents in a terrorist act, unless that exposure was caused by the Covered Person’s commission of or attempt to commit a felony;”*

NH: *“an external wound” is changed to “a wound”*

- **food poisoning;**

ID, NY: *bullet deleted*

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

ID: *bullet and two sub-bullets deleted and replaced with “the Covered Person’s alcoholism or drug addiction;”*

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

NV: *the following is added at the end of this bullet and the two sub-bullets: “the above exclusion applies only if the Covered Person is committing or attempting to commit a felony at the time of the Accident;”*

- **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;**

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 the 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 the Certificate;**

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

*NY: bullet deleted*

- **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, 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;**

*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 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, OR: bullet deleted*

*MN: “in a professional capacity 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, 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, 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 treatment received outside the United States, Canada or Mexico."*

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

*ID, MO: bullet deleted*

*MD: an additional bullet is added which reads "any claim for health care services that the appropriate 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:**

- **medical treatment;**

*NH: add "care or" after "medical" and before "treatment"*

- **hospital admission or confinement; or**
- **inpatient stay in a rehabilitation facility.**

*(CA: the following two exclusions are added:)*

**INTOXICANTS AND CONTROLLED SUBSTANCES**

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

**ILLEGAL OCCUPATION FOR COMMISSION OF A FELONY**

We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the Covered Person whose Injury or Sickness is the basis of claim, or to which a contributing cause was such Covered Person's being engaged in an illegal occupation.

## Exclusions Applicable to Sickness – Hospital Benefits

### How to read this section:

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

### We will not pay benefits for any covered person's Sickness that is caused or contributed to by:

*IL: "or contributed to" 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 covered person's voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the covered person's physician for the covered person."*

*ID: 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*

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

*SD: bullet and two 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;**

*SD: bullet deleted*

*PA: "drug, medication or sedative" deleted and replaced with "narcotic"*

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

*MN, SD: bullet revised to "the covered person's voluntary use, by any means, 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);**

*MN: bullet deleted*

- **the covered person's intentionally self-inflicted injury;**

*MN: bullet deleted*

- **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);"*

*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*

*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;**

*ID: bullet changed to "the covered person's participation in a felony;"*

*UT: "engagement" deleted and replaced with "active participation"*

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

*ID: bullet changed to "dental care or treatment or cosmetic surgery, except when such surgery is performed to:"*

- **treat a Sickness;**
- **correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under the certificate;**
- **reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under the certificate;**

*ID: "trauma, infection or other disease that results from a" added after "as a result of a" and before "Sickness"; added the following additional bullet: "reconstruct a part of the body which was disfigured or removed as a result of congenital disease or congenital anomaly of a dependent child."*

- **the covered person's mental illness or the diagnosis or treatment of such illness;**

*ID: bullet changed to "the covered person's mental or emotional disorders or treatment of such mental or emotional disorders"*

*MN: bullet deleted*

- **the covered person's alcoholism, drug addiction, chemical dependency or complications thereof;**

*ID: "chemical dependency or complications thereof" deleted*

*MN, SD: bullet deleted*

*NE: added "except for any narcotic administered on the advice of a physician" after "thereof"*

- **activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;**
- **routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section;**

*ID: bullet deleted – note that although this bullet is deleted, if the plan does not cover routine delivery of a child, the definition of the term "Sickness" will state that "complications of pregnancy" are a Sickness instead of "pregnancy" – and routine delivery will not be covered*

**In addition, we will not pay benefits for:**

- **a covered person while incarcerated in any type of penal or detention facility;**

*(ID: bullet deleted)*

- **any hospital admission or confinement outside the United States, Canada or Mexico; or**
- **routine nursing or well-baby care for a newborn child.**

*ID: bullet deleted – note that although this bullet is deleted, if the plan does not cover routine nursing or well-baby care for a newborn child, the definition of the term "Sickness" will state that Sickness does not include such care - and routine nursing or well-baby care will not be covered*



## LIMITATIONS

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

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

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### **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.





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