

Employee Benefits Proposal

Group Accident Insurance

City of Round Rock Texas

Employee Paid Offer

Proposal Date: 8/23/2018

Proposal Valid Until: 11/21/2018

Sold Customer Effective Date: 1/1/2019

[V140]

[New NS]

[SOLD]

P2032418

[BEN]

Group Accident Benefits

MetLife is pleased to offer you an opportunity to provide your employees with financial protection through our Group Accident Insurance as part of our robust portfolio of voluntary products. Accident Insurance provides features that could be valuable to your employees, including:

- ✓ Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes;¹
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary.
- ✓ Employees and their families will have access to discounts or services through MetLife Advantagessm that will provide them actionable tools and resources to help them navigate life's twists and turns.²

MetLife Accident Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

General Enrollment Strategy Requirements

MetLife requires the employer to enable MetLife to raise awareness of the program among employees by communicating relevant information in an appropriate manner. Employer obligations include:

1. Premiums collected via payroll deduction;
2. Agreed upon enrollment method specified in this proposal including on-site enrollment support;
 - Distribution of all required enrollment materials identified by MetLife.
 - Communication through a minimum of 3 employee touch points (e.g., education through materials, emails, intranet/newsletters, onsite meetings).
3. No competing Accident plan programs.

Failure to meet the requirements outlined above and/or to the agreed upon enrollment strategy will likely result in changes to this offering, including an increase in product rates, a change to the rate guarantee period or the program not being offered.

MetLife's proposal assumes an employer's agreement to provide the required enrollment strategy

It is possible that combining ERISA benefit plans and voluntary insurance benefits on the same enrollment ballot may cause some voluntary insurance benefits to be deemed ERISA plans. There are steps that you can take in placing voluntary benefits on your ERISA ballot that can mitigate the risks. Specifically, segregating the ERISA and non-ERISA offerings on the ballot. We urge you to consult with your own advisor(s) on this matter.

¹ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

² MetLife Advantages may not be available in all states

The following section describes assumptions, specific program design, and rates being proposed for this group customer.

Proposal Assumptions	
Situs State	TX <u>Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws. For specific state variations on Program Design, Benefits, Limitations and Exclusions, please contact MetLife.</u>
Standard Industry Classification (SIC)	9111
Number of Eligible Employees	887
Employee Eligibility	<ul style="list-style-type: none"> • Employees will be subject to an actively at work requirement.² • An employee must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage. • Child(ren) are eligible for coverage from birth to age 26. • Spouses / domestic partners and dependent child(ren) must not be subject to any medical restrictions as set forth on the enrollment form and in the Certificate. Coverage for Domestic Partners varies by state. The definitions of Domestic Partner and Children vary by state. • Retirees are not eligible to enroll. • VT residents are required to be eligible for coverage if they work at least 17.5 hours a week. NH residents are required to be eligible for coverage if they work at least 15 hours a week. • The demographics and details of potential covered insureds living and working outside of the United States should be discussed with your MetLife representative. This product has contractual exclusions and limitations on claims events that occur overseas; as well as eligibility restrictions for dependents that live outside the United States for an extended period of time.
Takeover	This proposal assumes that MetLife's Accident Insurance policy is replacing a group policy that was issued to the group customer by a previous carrier. MetLife will take over participants currently insured under that policy. Current participants will receive credit under MetLife's Accident Insurance plan for time they were continuously insured under the previous carrier's policy toward any applicable waiting periods under MetLife's plan. During implementation, the group customer agrees to provide MetLife with a list of employees insured under the previous carrier's policy.
Contributions	100% Employee Paid
Commissions	Level 20% first year and subsequent years.

Enrollment Method	<p>Unknown Method at Quoting Time</p> <p>Preferred Enrollment Conditions – Enrollment conditions where products will be placed for employee’s selection at the same time, and on the same platform as Major Medical coverage (On Ballot). This also includes instances where an Enrollment Firm is being utilized to offer these products.</p> <p>Non-Preferred Enrollment Conditions – Enrollment conditions where products will not be offered at the same time and/or on the same platform as the Major Medical coverage (Off Ballot).</p>
Implementation Timeline	The minimum lead time required to implement your plan will be 6 weeks from the date of the initial implementation meeting.

Plan Design	
Coverage Type	24 Hour Coverage (on/off job).
Benefit Amount	Employees will select a single plan of coverage on a Guaranteed Issue basis.
Underwriting Offer	<p>Guaranteed Issue³</p> <p>Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage. An assignment of benefits to a hospital or healthcare facility will be available when required by applicable law.</p>
Benefit Reduction Due to Age	<ul style="list-style-type: none"> 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. 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. <p>The Benefit Reduction Due to Age does not apply to the Health Screening Benefit.</p>
Portability (Continuation of Insurance with Premium Payment)⁴	<p>“Portability” is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class) may continue their coverage on a MetLife direct-billed basis.</p>

Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife’s guidelines, group size, underwriting and state requirements.

Rate Information	
Rate Structure	Composite Rates

³ 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. Additional restrictions apply to dependents serving in the armed forces or living overseas.

⁴ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

Rate Guarantee period	2 years, subsequent years' rates subject to change.				
Policy and Rate Changes	<p>Policy Premiums are due on the first day of each month.</p> <p>MetLife reserves the right to change its rates for any of the following reasons:</p> <ul style="list-style-type: none"> • The composition of the group, employees, dependents or the Accident insurance volume has changed 10% or more from the date when quoted. • Any of the plan designs are changed. • A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan. 				
Supplemental Fees	None				
Minimum Participation Requirements	<table border="1"> <tr> <th>Product / Eligible Population</th><th>200 – 4,999 Lives</th></tr> <tr> <td>Accident</td><td>5%</td></tr> </table> <p><i>Minimum participation requirements are waived if Preferred Enrollment conditions apply. See Enrollment Method under the Proposal Assumptions section above.</i></p>	Product / Eligible Population	200 – 4,999 Lives	Accident	5%
Product / Eligible Population	200 – 4,999 Lives				
Accident	5%				

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

Proposed Rates

Type	Semi-Monthly
Employee Only	\$7.01
Employee + Spouse	\$12.43
Employee + Children	\$14.49
Employee + Spouse/Children	\$18.15

Covered Benefits

All benefits must relate to injuries sustained in an accident. Please contact MetLife for detailed definitions and state variations of covered benefits.

Category	Subcategory	Benefits	High Plan*		
			Employee	Spouse	Child
Death	Accidental Death	Basic Accidental Death Benefit	\$50,000	\$25,000	\$10,000
		AD Common Carrier ¹ Benefit	\$150,000	\$75,000	\$30,000
Accidental Dismemberment/Functional Loss/Paralysis Benefits	Basic Dismemberment/Functional Loss Benefit	Loss of one finger or one toe	\$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 in any combination	\$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	\$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)	\$25,000	\$25,000	\$25,000
		Four Limbs (quadriplegia)	\$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

¹Common 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			High Plan
Category	Subcategory	Benefits	
Accidental Injury Benefits	Fracture Benefit (Closed)	Face or Nose (except mandible or maxilla)	\$1,000
		Skull Fracture - depressed (except bones of face or nose)	\$3,000
		Skull Fracture - non depressed (except bones of face or nose)	\$2,000
		Lower Jaw, Mandible (except alveolar process)	\$500
		Upper Jaw, Maxilla (except alveolar process)	\$1,000
		Upper Arm between Elbow and Shoulder (humerus)	\$1,000
		Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500
		Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500
		Rib	\$500
		Finger, Toe	\$100
		Vertebrae, Body of (excluding vertebral processes)	\$2,000
		Vertebral Process	\$500
		Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000
		Hip, Thigh (femur)	\$3,000
		Coccyx	\$500
		Leg (tibia and/or fibula)	\$2,000
		Kneecap (patella)	\$500
		Ankle	\$500
		Foot (except toes)	\$500
		Chip Fracture	25%
	Fracture Benefit (Open)	Face or Nose (except mandible or maxilla)	\$2,000
		Skull Fracture - depressed (except bones of face or nose)	\$6,000
		Skull Fracture - non depressed (except bones of face or nose)	\$4,000
		Lower Jaw, Mandible (except alveolar process)	\$1,000
		Upper Jaw, Maxilla (except alveolar process)	\$2,000
		Upper Arm between Elbow and Shoulder (humerus)	\$2,000
		Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$1,000
		Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$1,000
		Rib	\$1,000
		Finger, Toe	\$200
		Vertebrae, Body of (excluding vertebral processes)	\$4,000

Benefits			High Plan
Category	Subcategory	Benefits	
Accidental Injury Benefits	Fracture Benefit (Open)	Vertebral Process	\$1,000
		Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$4,000
		Hip, Thigh (femur)	\$6,000
		Coccyx	\$1,000
		Leg (tibia and/or fibula)	\$4,000
		Kneecap (patella)	\$1,000
		Ankle	\$1,000
		Foot (except toes)	\$1,000
		Chip Fracture	25%
	Dislocation Benefit (Closed)	Lower Jaw	\$500
		Collarbone (sternoclavicular)	\$1,000
		Collarbone (acromioclavicular and separation)	\$500
		Shoulder (glenohumeral)	\$500
		Rib	\$500
		Elbow	\$500
		Wrist	\$500
		Bone or Bones of the Hand (other than fingers)	\$500
		Hip	\$3,000
		Knee (except patella)	\$2,000
		Ankle - Bone or bones of the Foot (other than toes)	\$1,000
		One Toe or Finger	\$100
		Partial Dislocation	25%
	Dislocation Benefit (Open)	Lower Jaw	\$1,000
		Collarbone (sternoclavicular)	\$2,000
		Collarbone (acromioclavicular and separation)	\$1,000
		Shoulder (glenohumeral)	\$1,000
		Rib	\$1,000
		Elbow	\$1,000
		Wrist	\$1,000
		Bone or Bones of the Hand (other than fingers)	\$1,000
		Hip	\$6,000
		Knee (except patella)	\$4,000
		Ankle - Bone or bones of the Foot (other than toes)	\$2,000
		One Toe or Finger	\$200
		Partial Dislocation	25%

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

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

Benefits			High Plan
Category	Subcategory	Benefits	
Accident - Medical Treatment and Services Benefits	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	Outpatient Surgery Benefit	\$300
Accident - Hospital Benefits	Accident -Hospital Admission Benefit	Non- ICU Hospital Admission payable 1 time per Accident	\$1,000
		Intensive Care Unit Admission payable 1 time per Accident	\$2,000
	Accident - Hospital Confinement Benefit	Non- ICU Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$200
		ICU Accident Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$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.	\$200
Other Benefits	Health Screening	Health Screening Benefit	\$50
	Lodging	Lodging Benefit* is payable for up to 31 days per calendar year.	\$200

*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.

Other Benefits	
Health Screening Benefit	<p>Paid one time per calendar year.</p> <p>The Covered Tests are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).</p> <p>The Health Screening Benefit is not available in all states. For Texas sitused policies and Texas residents covered under policies sitused 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>
MetLife AdvantagesSM - Services or Discounts added at no additional cost to you or your employees	<p>Will Preparation Services¹</p> <p>As an added benefit your employees will have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.</p> <p>MetLife VisionAccess²</p> <p>As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.</p> <p>Digital Legacy (MetLife Infinity)³</p> <p>As an added benefit your employees will be able to create an account from web, mobile and tablet devices where they can 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>

MetLife AdvantagesSM Disclaimers

MetLife AdvantagesSM availability may vary by state.

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

²MetLife VisionAccess is a discount program and not an insured benefit. 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.

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

GROUP ACCIDENT INSURANCE EXCLUSIONS & LIMITATIONS

PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, 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.



General Disclaimer:

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There are benefit reductions that begin at age 65, if applicable. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or GPNP13-HI contact MetLife.

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

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

NOTICE REGARDING NON-US COVERAGE

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



Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166 L0215455921
www.metlife.com

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Intermediary and Producer Compensation Notice

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

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of products inforce through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period; (5) a fixed percentage of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, or reinsurance arrangements*).

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

Installation Rates

For MetLife/NTT Internal Use Only - External entities should refer to the rate tables shown above in this C&B.

If premium rates are requested in a payment frequency other than shown above in this C&B, contact Underwriting for a revised C&B.

Annualized Premium

Type	High Plan - Monthly
Employee Only	\$168.12
Employee + Spouse	\$298.20
Employee + Children	\$347.76
Employee + Spouse/Children	\$435.48

Monthly Premium

Type	High Plan - Monthly
Employee Only	\$14.01
Employee + Spouse	\$24.85
Employee + Children	\$28.98
Employee + Spouse/Children	\$36.29

Monthly "Rate Pieces" – for CDF

"Rate pieces" are for internal use only and should not be shared externally.

Type	High Plan - Monthly
Employee Only	\$14.01
Spouse Rate Piece	\$10.84
Children Rate Piece	\$14.97
Spouse/Children Rate Piece	\$22.28

Accident Summary Sheet

Benefit Type	High Plan MetLife Accident Insurance Pays YOU
Injuries	
Fractures	\$100 - \$6000
Dislocations	\$100 - \$6000
Second and Third Degree Burns	\$100 - \$10000
Skin Graft Benefit	50% of Burn Benefit
Concussions	\$400
Coma	\$10,000
Ruptured Disk with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit	\$750 or \$150
Cuts/Lacerations	\$50 - \$400
Torn/Ruptured/Severed Tendon/Ligament/Rotator Cuff Benefit	\$150 - \$1000
Broken Tooth Benefit	\$50 - \$200
Eye Injuries	\$300
Medical Services and Treatment	
Ambulance	\$1000 or \$300
Emergency Care	\$50 - \$100
Non-Emergency Care	\$50
Medical Testing Benefit	\$200
Physician Follow-Up	\$75
Transportation Benefit	\$400
Therapy Services (including physical therapy)	\$25
Pain Management Benefit for Epidural Anesthesia	\$100
Prosthetic Device Benefit- varies by type and number of devices	\$750 or \$1500
Medical Appliances	\$100 - \$1000
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery	\$200 - \$2000
Outpatient Ambulatory Surgery Benefit	\$300
Hospital Coverage (Accident)	
Admission	\$1000 - \$2000 per accident
Confinement (non-ICU confinement paid for up to 31 days. ICU confinement paid for 31 days.)	\$200 (non-ICU) - \$400 (ICU) a day
Inpatient Rehab (paid per accident)	\$200 a day, up to 15 days
Accidental Death	
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$50000 \$150000 for common carrier

Other Benefits	
Health Screening Benefit (Wellness) - benefit provided if the covered insured takes one of the covered screening/prevention tests	\$50 Payable 1x per calendar year
Lodging - Pays for lodging for companion up to 31 nights per calendar year	\$200 per night, up to 31 nights; up to \$6200 in total lodging benefits available per calendar year

Non-Standard Report

Input Main		
Plan	Standard	Quoted
Solicitation Type		Solicited - RFP
Employee / Employer Paid		EE
Participants to be Covered (Employer-Paid)		N/A
First Plan To Be Offered	Standard - Low Plan	Standard - High Plan
Second Plan To Be Offered	Standard - High Plan	No Plan
24- Hour / Off-The- Job Coverage	24-Hour	24-Hour
Expected Participation Percentage		9%
Commission Type		Level
Level Commission %		0.2
Heaped Commission First Year		N/A
Heaped Commission Renewal Years		N/A
Take-Over Quote	N	Y
Payment Frequency		Semi-Monthly
Rate Guarantee Period		2
Waiver of Premium	N	N
Tier Level	4	4
ADEA (Benefit Reduction Due To Age)	1	1
Detailed Factors		
Plan	Standard	Quoted
Maximum Incidence (Fracture Benefit)	2	2
Chip Fracture % (Fracture Benefit)	25%	25%
Maximum Incidence (Dislocation Benefit)	2	2
Partial Dislocation % (Dislocation Benefit)	25%	25%
Maximum Incidence (Ruptured Disc)	1	1
Maximum Incidence (Torn Cartilage in Knee)	1	1
Maximum Incidence (Laceration Benefit)	3	3
Crown - Maximum Covered (Accidentally Broken Tooth Benefit)	1	1
Extraction - Maximum Covered (Accidentally Broken Tooth Benefit)	1	1
Filling - Maximum Covered (Accidentally Broken Tooth Benefit)	1	1
Maximum Incidence Per Year (Eye Injury)	3	3
Maximum Incidence Per Accident (Eye Injury)	1	1
Air - Maximum Incidence (Ambulance)	1	1
Ground - Maximum Incidence (Ambulance)	1	1
Maximum Incidence Per Year (Transportation)	3	3
Maximum Incidence Per Person (Transportation)	1	1
Minimum Miles (Transportation)	50	50
Maximum Incidence (Medical Testing)	1	1
Maximum Incidence Per Year (Physician Follow-Up Visit Benefit)	6	6
Maximum Incidence Per Accident (Physician Follow-Up Visit Benefit)	2	2
Maximum Therapy Visits (Therapy Services)	10	10
Maximum Incidence (Pain)	1	1
Maximum Incidence (Prosthetic Device Benefit)	1	1
Non ICU - Maximum Days (Accident - Hospital Confinement Benefit)	31	31

ICU - Maximum Days (Accident - Hospital Confinement Benefit)	31	31
Maximum Days Per Year (Rehab)	30	30
Maximum Days Per Accident (Rehab)	15	15
Waiting Period (Months) (Health Screening)	0	0
Nights Lodging (Days) (Lodging)	31	31
Pre-Existing Condition Limitation (Months) (Sickness - Hospital Admission Benefit)	Not Quoted	Not Quoted
Maximum Incidence (Sickness - Hospital Admission Benefit)	Not Quoted	Not Quoted
Waiting Period (Days) (Sickness - Hospital Admission Benefit)	Not Quoted	Not Quoted
Waiting Period (Days) (Sickness - Hospital Confinement Benefit)	Not Quoted	Not Quoted
Non - ICU Maximum Days (Sickness - Hospital Confinement Benefit)	Not Quoted	Not Quoted
ICU - Maximum Days (Sickness - Hospital Confinement Benefit)	Not Quoted	Not Quoted
Detailed Exclusions		
Plan	Standard	Quoted
On the Job - Death	Cover	Cover
On the Job - Injury	Cover	Cover
On the Job - Sickness	Not Quoted	Not Quoted
International - All but Common Carrier - Death	Cover	Cover
International - All but Common Carrier - Injury	Cover	Cover
International – All - Death	Cover	Cover
International – All - Injury	Cover	Cover
Cosmetic Surgery Exception - Death	Exclude	Exclude
Cosmetic Surgery Exception - Injury	Exclude	Exclude
Cosmetic Surgery Exception - Sickness	Not Quoted	Not Quoted
Mental & Nervous Illness - Death	Exclude	Exclude
Mental & Nervous Illness - Injury	Exclude	Exclude
Mental & Nervous Illness - Sickness	Not Quoted	Not Quoted
Military Service - Death	Exclude	Exclude
Military Service - Injury	Exclude	Exclude
Military Service - Sickness	Not Quoted	Not Quoted
Aviation - Death	Exclude	Exclude
Aviation - Injury	Exclude	Exclude
Parachuting - Death	Exclude	Exclude
Parachuting - Injury	Exclude	Exclude
Auto Racing - Death	Exclude	Exclude
Auto Racing - Injury	Exclude	Exclude
Pro Sports - Death	Exclude	Exclude
Pro Sports - Injury	Exclude	Exclude
Bungee Jumping - Death	Exclude	Exclude
Bungee Jumping - Injury	Exclude	Exclude
Base Jumping - Death	Exclude	Exclude
Base Jumping - Injury	Exclude	Exclude
Hang Gliding - Death	Exclude	Exclude
Hang Gliding - Injury	Exclude	Exclude
Para-kiting - Death	Exclude	Exclude
Para-kiting - Injury	Exclude	Exclude
Sail Gliding - Death	Exclude	Exclude
Sail Gliding - Injury	Exclude	Exclude
Scuba Diving - Death	Exclude	Exclude

Scuba Diving - Injury	Exclude	Exclude
Spelunking - Death	Exclude	Exclude
Spelunking - Injury	Exclude	Exclude
Mountaineering - Death	Exclude	Exclude
Mountaineering - Injury	Exclude	Exclude
International – Medical - Death	Exclude	Exclude
International – Medical - Injury	Exclude	Exclude
International – Hospital - Death	Exclude	Exclude
International – Hospital - Injury	Exclude	Exclude
International – Rehab - Death	Exclude	Exclude
International – Rehab - Injury	Exclude	Exclude
Drug & Alcohol Dependency - Sickness	Not Quoted	Not Quoted
International – Sickness - Sickness	Not Quoted	Not Quoted
Routine Childbirth excl. Cesarean - Delivery	Not Quoted	Not Quoted
Routine Childbirth excl. Cesarean - Newborn	Not Quoted	Not Quoted
Cesarean Covered - Delivery	Not Quoted	Not Quoted
- Newborn	Not Quoted	Not Quoted
Well Baby - Delivery	Not Quoted	Not Quoted
Well Baby - Newborn	Not Quoted	Not Quoted

Death & Accidental Dismemberment/Functional Loss/Paralysis Benefits				
Plan	No Plan	Quoted: No Plan - EE	Quoted: No Plan - EE - SP	Quoted: No Plan - EE - CH
Basic Accidental Death Benefit (Accidental Death)	\$50,000	\$50,000	\$25,000	\$10,000
AD Common Carrier Benefit (Accidental Death)	\$150,000	\$150,000	\$75,000	\$30,000
Loss of one finger or one toe (Basic Dismemberment/ Functional Loss Benefit)	\$500	\$500	\$500	\$500
Loss of one arm or one leg (Basic Dismemberment/ Functional Loss Benefit)	\$10,000	\$10,000	\$10,000	\$10,000
Loss of one hand or one foot (Basic Dismemberment/ Functional Loss Benefit)	\$10,000	\$10,000	\$10,000	\$10,000
Loss of two or more fingers or toes in any combination (Basic Dismemberment/ Functional Loss Benefit)	\$1,000	\$1,000	\$1,000	\$1,000
Loss of sight in one eye (Basic Dismemberment/ Functional Loss Benefit)	\$10,000	\$10,000	\$10,000	\$10,000
Loss of hearing in one ear (Basic Dismemberment/ Functional Loss Benefit)	\$10,000	\$10,000	\$10,000	\$10,000
Loss of both arms or both legs or one arm and one leg (Catastrophic Dismemberment/ Functional Loss Benefit)	\$50,000	\$50,000	\$50,000	\$50,000
Loss of both hands or both feet or one hand and one foot (Catastrophic Dismemberment/ Functional Loss Benefit)	\$50,000	\$50,000	\$50,000	\$50,000
Loss of sight in both eyes (Catastrophic Dismemberment/ Functional Loss Benefit)	\$50,000	\$50,000	\$50,000	\$50,000
Loss of hearing in both ears (Catastrophic Dismemberment/ Functional Loss Benefit)	\$50,000	\$50,000	\$50,000	\$50,000
Loss of ability to speak (Catastrophic Dismemberment/ Functional Loss Benefit)	\$50,000	\$50,000	\$50,000	\$50,000
Two Limbs (paraplegia or hemiplegia) (Paralysis Benefit)	\$25,000	\$25,000	\$25,000	\$25,000
Four Limbs (quadriplegia) (Paralysis Benefit)	\$50,000	\$50,000	\$50,000	\$50,000

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

Kneecap (patella) (Fracture Benefit (Open))	\$1,000	\$1,000
Ankle (Fracture Benefit (Open))	\$1,000	\$1,000
Foot (except toes) (Fracture Benefit (Open))	\$1,000	\$1,000
Lower Jaw (Dislocation Benefit (Closed))	\$500	\$500
Collarbone (sternoclavicular) (Dislocation Benefit (Closed))	\$1,000	\$1,000
Collarbone (acromioclavicular and separation) (Dislocation Benefit (Closed))	\$500	\$500
Shoulder (glenohumeral) (Dislocation Benefit (Closed))	\$500	\$500
Rib (Dislocation Benefit (Closed))	\$500	\$500
Elbow (Dislocation Benefit (Closed))	\$500	\$500
Wrist (Dislocation Benefit (Closed))	\$500	\$500
Bone or Bones of the Hand (other than fingers) (Dislocation Benefit (Closed))	\$500	\$500
Hip (Dislocation Benefit (Closed))	\$3,000	\$3,000
Knee (except patella) (Dislocation Benefit (Closed))	\$2,000	\$2,000
Ankle - Bone or bones of the Foot (other than toes) (Dislocation Benefit (Closed))	\$1,000	\$1,000
One Toe or Finger (Dislocation Benefit (Closed))	\$100	\$100
Lower Jaw (Dislocation Benefit (Open))	\$1,000	\$1,000
Collarbone (sternoclavicular) (Dislocation Benefit (Open))	\$2,000	\$2,000
Collarbone (acromioclavicular and separation) (Dislocation Benefit (Open))	\$1,000	\$1,000
Shoulder (glenohumeral) (Dislocation Benefit (Open))	\$1,000	\$1,000
Rib (Dislocation Benefit (Open))	\$1,000	\$1,000
Elbow (Dislocation Benefit (Open))	\$1,000	\$1,000
Wrist (Dislocation Benefit (Open))	\$1,000	\$1,000
Bone or Bones of the Hand (other than fingers) (Dislocation Benefit (Open))	\$1,000	\$1,000
Hip (Dislocation Benefit (Open))	\$6,000	\$6,000
Knee (except patella) (Dislocation Benefit (Open))	\$4,000	\$4,000
Ankle - Bone or bones of the Foot (other than toes) (Dislocation Benefit (Open))	\$2,000	\$2,000
One Toe or Finger (Dislocation Benefit (Open))	\$200	\$200
2nd Degree w/ less than 10% of surface skin burnt (Burn Benefit)	\$100	\$100
2nd Degree 10-25% surface skin burnt (Burn Benefit)	\$200	\$200
2nd Degree 25-35% surface skin burnt (Burn Benefit)	\$500	\$500
2nd Degree 35% or more of surface skin burnt (Burn Benefit)	\$1,000	\$1,000
3rd Degree w/ less than 10% of surface skin burnt (Burn Benefit)	\$1,000	\$1,000
3rd Degree 10-25% surface skin burnt (Burn Benefit)	\$2,000	\$2,000
3rd Degree 25-35% surface skin burnt (Burn Benefit)	\$5,000	\$5,000
3rd Degree 35% or more of surface skin burnt (Burn Benefit)	\$10,000	\$10,000
Skin Graft for 2nd or 3rd Degree burn (Skin Graft Benefit)	50%	50%
Concussion (Concussion Benefit)	\$400	\$400
Coma (Coma Benefit)	\$10,000	\$10,000
Surgical Repair Benefit (Ruptured Disc)	\$1,000	\$1,000
With surgical repair (Torn Cartilage in Knee)	\$750	\$750
Exploratory Surgery without repair (Torn Cartilage) (Torn Cartilage in Knee)	\$150	\$150
Without repair by stitches (Laceration Benefit)	\$50	\$50
Repaired by stitches but less than 2 inches long (Laceration Benefit)	\$100	\$100
Repaired by stitches and 2-6 inches long (Laceration Benefit)	\$200	\$200
Repaired by stitches and over 6 inches long (Laceration Benefit)	\$400	\$400

Surgical repair: one tendon/ligament/rotator cuff (Torn, Ruptured or Severed Tendon/ Ligament /Rotator Cuff)	\$750	\$750
Surgical repair: two or more tendons/ligaments/rotator cuffs (Torn, Ruptured or Severed Tendon/ Ligament /Rotator Cuff)	\$1,000	\$1,000
Exploratory Surgery without repair (Torn, Ruptured or Severed Tendon/ Ligament /Rotator Cuff)	\$150	\$150
Replacement Benefit (Torn, Ruptured or Severed Tendon/ Ligament /Rotator Cuff)	\$0	\$0
Crown (Accidentally Broken Tooth Benefit)	\$200	\$200
Extraction (Accidentally Broken Tooth Benefit)	\$100	\$100
Filling (Accidentally Broken Tooth Benefit)	\$50	\$50
Eye Injury Benefit (Eye Injury)	\$300	\$300
Air Benefit (Ambulance)	\$1,000	\$1,000
Ground Benefit (Ambulance)	\$300	\$300
Transportation Benefit (Transportation)	\$400	\$400
Emergency Room (Emergency Care Benefit)	\$100	\$100
Physicians Office (Emergency Care Benefit)	\$50	\$50
Urgent Care (Emergency Care Benefit)	\$50	\$50
Initial Care Benefit (Non- Emergency)	\$50	\$50
Medical Testing Benefit (X-Ray, MR/MRI, ultrasound, NCV, CT/CAT, EEG) (Medical Testing)	\$200	\$200
Visit Benefit (Physician Follow-Up Visit Benefit)	\$75	\$75
Cognitive Behavioral Therapy (Therapy Services)	\$25	\$25
Occupational Therapy (Therapy Services)	\$25	\$25
Physical Therapy (Therapy Services)	\$25	\$25
Respiratory therapy (Therapy Services)	\$25	\$25
Speech Therapy (Therapy Services)	\$25	\$25
Vocational Therapy (Therapy Services)	\$25	\$25
Pain Management Benefit (for Epidural Anesthesia) (Pain)	\$100	\$100
One Device Only (Prosthetic Device Benefit)	\$750	\$750
More than One Device (Prosthetic Device Benefit)	\$1,500	\$1,500
Brace (Medical Appliance Benefit)	\$100	\$100
Cane (Medical Appliance Benefit)	\$100	\$100
Crutches (Medical Appliance Benefit)	\$100	\$100
Walker - expected use < 1yr (Medical Appliance Benefit)	\$200	\$200
Walker - expected use >=1 yr (Medical Appliance Benefit)	\$500	\$500
Walking Boot (Medical Appliance Benefit)	\$100	\$100
Wheel chair or motorized scooter- expected use < 1yr (Medical Appliance Benefit)	\$200	\$200
Wheel chair or motorized scooter- expected use >=1yr (Medical Appliance Benefit)	\$1,000	\$1,000
Other medical device used for Mobility (Medical Appliance Benefit)	\$100	\$100
Limit for all Medical Appliances combined, per Covered Person, per Accident (Medical Appliance Benefit Limit)	\$1,000	\$1,000
Modification Benefit (Modification Benefit)	\$1,000	\$1,000
Blood Benefit (Blood/ Plasma/ Platelets)	\$400	\$400
Cranial surgery (Inpatient Surgery Benefit)	\$2,000	\$2,000
Exploratory Surgery (Inpatient Surgery Benefit)	\$200	\$200
Hernia Repair (Inpatient Surgery Benefit)	\$200	\$200

Thoracic cavity or abdominal pelvic cavity surgery (Inpatient Surgery Benefit)	\$2,000	\$2,000
Outpatient Surgery Benefit (Outpatient Ambulatory Surgery Benefit)	\$300	\$300
Non-ICU Admission (Accident -Hospital Admission Benefit)	\$1,000	\$1,000
Intensive Care Unit Admission (Accident -Hospital Admission Benefit)	\$2,000	\$2,000
Non-ICU Accident Hospital Confinement is payable for up to 31 days per covered person (starting on day 1) (Accident - Hospital Confinement Benefit)	\$200	\$200
ICU Accident Hospital Confinement is payable for up to 31 days per covered person (starting on day 1) (Accident - Hospital Confinement Benefit)	\$400	\$400
Inpatient Rehabilitation Benefit is payable for up to 15 days per covered person per accident, but not to exceed 30 days per calendar year.	\$200	\$200
Health Screening Benefit (Health Screening)	\$0	\$50
Second Opinion Benefit (Health Screening)	N/A	N/A
Lodging Benefit is payable for up to 31 days per calendar year. (Lodging)	\$200	\$200
Supplemental Confinement Benefit	\$0	\$0
Non- ICU Hospital Admission (Sickness - Hospital Admission Benefit)	\$0	\$0
Intensive Care Unit Admission (Sickness - Hospital Admission Benefit)	\$0	\$0
Non-ICU Sickness Hospital Confinement is payable for up to 31 days per covered person (starting on day 1) (Sickness - Hospital Confinement Benefit)	\$0	\$0
ICU Sickness Hospital Confinement is payable for up to 31 days per covered person (starting on day 1) (Sickness - Hospital Confinement Benefit)	\$0	\$0

*Health Screening Benefit: For certificates issued to residents of states that are extraterritorial (ET), a certificate rider will be issued that sets forth the six tests for which a Health Screening Benefit may be payable.