MetLife

GIS | Benefits
Our Plan. Your Choice.

GIS Benefits VB Program - Accident

Help employees protect their families and their way of life.

- Most benefits pay the same amount for employees and dependents
- Guaranteed Issue[1] coverage
- No limitations on the number of different accidents and sicknesses covered

Accidents can happen when least expected. Accident insurance can help with costs and out-of-pocket expenses like deductibles, medical transportation, childcare, and more. Your employees can take comfort knowing they have financial support to take care of themselves and their families – as they get back on track.

Plan Design

		LOW PLAN			HIGH PLAN		
Benefit[2]	Benefit Limits	Employee	Spouse	Child	Employee	Spouse	Child
Accidental Death Benefits Category							
Basic Accidental Death	N/A	$25,000	$12,500	$5,000	$50,000	$25,000	$10,000
Accidental Death Common Carrier[3]	N/A	$75,000	$37,500	$15,000	$150,000	$75,000	$30,000
Accidental Dismemberment/Functional Loss/Paralysis Benefit Category							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	$250	$250	$250	$500	$500	$500
Loss of one arm or one leg	N/A	$2,500	$2,500	$2,500	$10,000	$10,000	$10,000
Loss of one hand or one foot	N/A	$2,500	$2,500	$2,500	$10,000	$10,000	$10,000
Loss of two or more fingers or toes	N/A	$500	$500	$500	$1,000	$1,000	$1,000
Loss of sight in one eye	N/A	$2,500	$2,500	$2,500	$10,000	$10,000	$10,000
Loss of hearing in one ear	N/A	$2,500	$2,500	$2,500	$10,000	$10,000	$10,000

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Plan Design (cont'd)

Benefit	Benefit Limits	LOW PLAN			HIGH PLAN		
		Employee	Spouse	Child	Employee	Spouse	Child
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of both arms or both legs or one arm and one leg	N/A	$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	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000
Loss of sight in both eyes	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000
Loss of hearing in both ears	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000
Loss of ability to speak	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000
Paralysis Benefit							
Two limbs (paraplegia or hemiplegia)	N/A	$5,000	$5,000	$5,000	$25,000	$25,000	$25,000
Four limbs (quadriplegia)	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000

Benefits

Concussion Benefit	$200 low/$400 high 1 time(s) per calendar year
Coma Benefit	$5,000 low/$10,000 high 1 time(s) per accident; Unlimited time(s) per calendar year
Eye Injury	$300 low/$400 high 1 time(s) per accident; Unlimited time(s) per calendar year
Laceration	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
Prosthetic Device Benefit	$500 low/$750 high for one device only $1,000 low/$1,500 high for more than one device 1 time(s) per accident; Unlimited time(s) per calendar year
Torn, Ruptured or Severed Tendon/ Ligament/Rotator Cuff	Surgical repair: one tendon/ligament/rotator cuff $750 low/$1,000 high Surgical repair: two or more tendons/ligaments/rotator cuffs $1,500 low/$2,000 high Exploratory Surgery without repair $100 low/$200 high
Transportation Benefit	$300 low/$400 high 1 time(s) per accident; 2 time(s) per calendar year

Proposed Rates

	LOW PLAN	HIGH PLAN
Type	**Proposed Monthly (12) Rates**	
Employee	$9.22	$17.98
Employee + Spouse	$18.09	$35.28
Employee + Children	$20.87	$40.77
Employee + Spouse and Children	$25.56	$49.88

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

1. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas.
2. Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
3. 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. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

Contact a GIS Benefits Sales Consultant to learn more.

Call us at [xxx-xxx-xxxx] or email [XXXX]

Accidental Injury Benefits

Benefit	LOW PLAN	HIGH PLAN
Fracture*	$50 – $3,000 depending on the fracture and type of repair	$100 – $6,000 depending on the fracture and type of repair
Dislocation*	$50 – $3,000 depending on the dislocation and type of repair	$100 – $6,000 depending on the dislocation and type of repair
2nd or 3rd Degree Burn	$50 – $5,000 depending on the degree of the burn and the percentage of burnt skin	$100 – $10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion	$200	$400
Coma	$5,000	$10,000
Laceration	$25 – $200 depending on the length of the cut and type of repair	$50 – $400 depending on the length of the cut and type of repair
Broken Tooth	Crown $100 Filling $25 Extraction $50	Crown $200 Filling $50 Extraction $100
Eye Injury	$300	$400
Accident - Medical Services & Treatment Benefits		
Ambulance	Ground: $300 Air: $1,000	Ground: $400 Air: $1,250
Emergency Care	$25 - $50 depending on location of care	$50 - $300 depending on location of care
Non-Emergency Initial Care	$75	$100
Physician Follow-Up Visit	$50	$100
Therapy Services (including physical therapy)	$35	$50
Medical Testing	$100	$200
Medical Appliance	$75 – $750 depending on the appliance	$150 – $1,000 depending on the appliance
Transportation	$300	$400
Pain Management (for epidural anesthesia)	$50	$100
Prosthetic Device	One device: $500 More than one device: $1,000	One device: $750 More than one device: $1,500
Modification	$1,000	$1,500
Blood/Plasma/Platelets	$400	$500
Surgical Repair	$100-$1,500 depending on the type of surgery	$200-$2,000 depending on the type of surgery

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Accidental Injury Benefits (cont'd)

Benefit	LOW PLAN	HIGH PLAN
Exploratory Surgery	$100	$200
Other Outpatient Surgery	$150	$300
Accidental Death Benefit		
Accidental Death*	$25,000, $75,000 for accidental death on common carrier	$50,000, $150,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss &Paralysis Benefits		
Dismemberment/Functional Loss	$250 – $10,000 depending on the injury	$500 – $50,000 depending on the injury
Paralysis	$5,000 - $10,000 depending on the number of limbs	$25,000 - $50,000 depending on the number of limbs
Other Benefits		
Health Screening Benefit* - *benefit provided for certain screening/ prevention tests*	$50 paid 1 time per calendar year	$50 paid 1 time per calendar year

*** Notes Regarding Certain Benefits**

- Fracture and Dislocation Benefits – Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/ functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Accidental Death Benefit – Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Health Screening Benefit – The Health Screening Benefit is not available in all states. In some states, the list of eligible screening/prevention measures may be limited, and the benefit may be referred to as the Accident Prevention Screening Benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Organized Sports Activity Injury Benefit Rider**

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

**The Organized Sports Activity Injury Benefit Certificate Rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.

1) Exclusions and limitations:
The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

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

The Certificate does not provide benefits for any loss for a covered person caused or contributed to by:

- the covered person's voluntary use, by any means, of:
  - any intoxicant or narcotic, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed; or
  - alcohol in combination with any narcotic;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an injury;
  - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion, the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - any medical or healthcare treatment, services or transportation; or
  - any inpatient admission or stay in any medical or health care facility.

2) When your insurance ends:
Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

3) Continuation of insurance:
If Your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

4) Administration of insurance:
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

5) Premiums:
Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

The situs state (PA) OOC form number is GOC16-AX.

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called 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 (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan 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, participation in an insurer panel, 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 Website 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.

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

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

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

[Not for distribution in GA, NM, OR until further notice.]
[Not for distribution in NH or WA. Contact your MetLife representative for more information for availability in NH and WA.]

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