	Plan Design			
Coverage Type	24 Hour Coverage (on/off job).			
Benefit Amount	Employees will have a choice of selecting coverage between two options: High Plan or Low Plan on a guaranteed issue. Benefits are based on flat schedule amount that varies depending on plan.			
Underwriting Offer	Guaranteed Issue <sup>1</sup> 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.			
Benefit Reduction Due to Age	<ul> <li>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.</li> <li>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.</li> <li>The Benefit Reduction Due to Age does not apply to the Health Screening Benefit.</li> </ul>			
Portability (Continuation of Insurance with Premium Payment) <sup>2</sup>	"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.			

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	Rate Structure         Composite Rates			
Rate Guarantee period	2 years, subsequent years' rates subject to change. If Preferred Enrollment conditions are met, the rate guarantee is extended by one additional year.			

<sup>&</sup>lt;sup>1</sup> 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. <sup>2</sup> 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.

## Proposed Rates – Low Plan

Туре	Monthly
Employee Only	\$5.61
Employee + Spouse	\$11.93
Employee + Children	\$11.69
Employee + Spouse/Children	\$14.63

## Proposed Rates – High Plan

Туре	Monthly
Employee Only	\$9.55
Employee + Spouse	\$20.63
Employee + Children	\$19.75
Employee + Spouse/Children	\$24.73

## **Covered Benefits**

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

		Benefits		Low Plan*		ŀ	ligh Plan*	
Category	Subcategory	Benefits	Employee	Spouse	Child	Employee	Spouse	Child
Death		Basic Accidental Death Benefit	\$25,000	\$12,500	\$5,000	\$50,000	\$25,000	\$10,000
Death	Accidental Death	AD Common Carrier <sup>1</sup> Benefit	\$75,000	\$37,500	\$15,000	\$150,000	\$75,000	\$30,000
		Loss of one finger or one toe	\$250	\$250	\$250	\$500	\$500	\$500
	<b>.</b> .	Loss of one arm or one leg	\$2,500	\$2,500	\$2,500	\$10,000	\$10,000	\$10,000
	Basic Dismemberment/	Loss of one hand or one foot	\$2,500	\$2,500	\$2,500	\$10,000	\$10,000	\$10,000
	Functional Loss Benefit	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
Accidental Dismemberment/Functional	nefits Catastrophic Dismemberment/	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/Paralysis Benefits		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
	Functional Loss Benefit	Loss of sight in both eyes	\$10,000	\$10,000	\$10,000	\$50,000	\$50,000	\$50,000
	benefit	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
	Darahusis Danafit	Two Limbs (paraplegia or hemiplegia)	\$5,000	\$5,000	\$5,000	\$25,000	\$25,000	\$25,000
	Paralysis Benefit	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	L Dian	Link Dise
Category	Subcategory	Benefits	Low Plan	High Plan
		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
	Fracture Benefit (Closed)	Rib	\$250	\$500
	(closed)	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
Accidental		Hip, Thigh (femur)	\$1,500	\$3,000
Injury		Соссух	\$250	\$500
Benefits		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%
		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
	Fracture Benefit (Open)	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	\$2,000	\$4,000

processes)		
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		Benefits		Libel Disc
Category	Subcategory	Benefits	Low Plan	High Plan
		Vertebral Process	\$500	\$1,000
		Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
		Hip, Thigh (femur)	\$3,000	\$6,000
	Fracture Benefit	Соссух	\$500	\$1,000
	(Open)	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%
		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
	Dislocation Benefit (Closed)	Wrist	\$250	\$500
Accidental		Bone or Bones of the Hand (other than fingers)	\$250	\$500
Injury		Нір	\$1,500	\$3,000
Benefits		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%
		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
	Dislocation	Wrist	\$500	\$1,000
	Benefit (Open)	Bone or Bones of the Hand (other than fingers)	\$500	\$1,000
		Нір	\$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			High
Category	Subcategory	Benefits	Low Plan	Plan
		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
	Burn Benefit	2nd Degree 35% or more of surface skin burnt	\$500	\$1,000
	Burn Benefit	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
Accidental	Torn Cartilage in Knee	With surgical repair	\$500	\$750
Injury		Exploratory Surgery without repair (Torn Cartilage)	\$100	\$150
		Without repair by stiches	\$25	\$50
	Laceration Benefit	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	Surgical repair: one tendon/ligament/rotator cuff	\$500	\$750
	Severed Tendon/Ligament/Rotator	Surgical repair: two or more tendons/ligaments/rotator cuffs	\$750	\$1,000
	Cuff	Exploratory Surgery without repair	\$100	\$150
		Crown	\$100	\$200
	Accidentally Broken Tooth Benefit	Extraction	\$50	\$100
	Defiell	Filling	\$25	\$50
	Eye Injury	Eye Injury Benefit	\$200	\$300

Benefits			Low Diam	Likels Diese
Category	Subcategory	Benefits	Low Plan	High Plan
	Ambulance	Air Benefit	\$750	\$1,000
		Ground Benefit	\$200	\$300
	Transportation	Transportation Benefit	\$200	\$400
		Emergency Room	\$50	\$100
	Emergency Care Benefit	Physician's Office	\$25	\$50
	Benefit	Urgent Care	\$25	\$50
Accident -	Non- Emergency	Initial Care Benefit	\$25	\$50
Medical Treatment	Medical Testing	Medical Testing Benefit (X-Ray, MR/MRI, ultrasound, NCV, CT/CAT, EEG)	\$100	\$200
and Services Benefits	Physician Follow- Up Visit Benefit	Visit Benefit	\$50	\$75
		Cognitive Behavioral Therapy	\$15	\$25
		Occupational Therapy	\$15	\$25
	There are for the second	Physical Therapy	\$15	\$25
	Therapy Services	Respiratory therapy	\$15	\$25
		Speech Therapy	\$15	\$25
		Vocational Therapy	\$15	\$25
	Pain	Pain Management Benefit (for Epidural Anesthesia)	\$50	\$100
	Prosthetic Device	One Device Only	\$500	\$750
	Benefit	More than One Device	\$1,000	\$1,500
		Brace	\$50	\$100
		Cane	\$50	\$100
		Crutches	\$50	\$100
		Walker - expected use < 1yr	\$100	\$200
Accident -	Medical	Walker - expected use >=1 yr	\$250	\$500
Medical	Appliance Benefit	Walking Boot	\$50	\$100
Treatment and Services		Wheel chair or motorized scooter- expected use < 1yr	\$100	\$200
Benefits		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	Lich Dion	
Category	Subcategory	Benefits	Low Plan	High Plan	
		Cranial surgery	\$1,000	\$2,000	
Accident -	Inpatient Surgery	Exploratory Surgery	\$100	\$200	
Medical	Benefit	Hernia Repair	\$100	\$200	
Treatment and Services		Thoracic cavity or abdominal pelvic cavity surgery	\$1,000	\$2,000	
Benefits	Outpatient Ambulatory Surgery Benefit	Outpatient Surgery Benefit	\$150	\$300	
	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	Accident - Hospital	Non- ICU Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$100	\$200	
Benefits	Confinement Benefit	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	Health Screening	Health Screening Benefit	\$50	\$50	
Other Benefits	Lodging	Lodging Benefit* is payable for up to 31 days per calendar year.	\$100	\$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	Paid one time per calendar year.
Benefit	The Covered Tests are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).
	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).
Waiver of Premium	If an employee is under age 70 and becomes disabled continuously for 90 days, MetLife will waive the premiums due for the employee and any dependents until the employee reaches the earliest of age 70 or 2 years. Proof of disability must be submitted during the 90-day period that follows the 90th day of continuous disability. Please contact MetLife for the definition of Disabled or Disability.
MetLife Advantages <sup>sM</sup> -	Will Preparation Services <sup>1</sup>
Services or Discounts added at no additional cost to you or your employees	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.
	MetLife VisionAccess <sup>2</sup>
	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.
	Digital Legacy (MetLife Infinity) <sup>3</sup>
	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.