

Covered Benefits – All benefits must relate to injuries sustained in an accident.

| BENEFIT | BENEFIT LIMITS | MEMBER | SPOUSE | CHILD |
|---|----------------|----------|----------|----------|
| ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY | | | | |
| Basic Dismemberment/Functional Loss Benefit | | | | |
| Loss of one finger or one toe | N/A | \$1,000 | \$1,000 | \$1,000 |
| Loss of one arm or one leg | | \$15,000 | \$15,000 | \$15,000 |
| Loss of one hand or one foot | | \$15,000 | \$15,000 | \$15,000 |
| Loss of two or more fingers or toes | | \$2,000 | \$2,000 | \$2,000 |
| Loss of sight in one eye | | \$15,000 | \$15,000 | \$15,000 |
| Loss of hearing in one ear | | \$15,000 | \$15,000 | \$15,000 |
| Catastrophic Dismemberment/Functional Loss Benefit | | | | |
| Loss of both arms or both legs or one arm and one leg | N/A | \$40,000 | \$40,000 | \$40,000 |
| Loss of both hands or both feet or one hand and one foot | | \$40,000 | \$40,000 | \$40,000 |
| Loss of sight in both eyes | | \$40,000 | \$40,000 | \$40,000 |
| Loss of hearing in both ears | | \$40,000 | \$40,000 | \$40,000 |
| Loss of ability to speak | | \$40,000 | \$40,000 | \$40,000 |
| Paralysis Benefit | | | | |
| Two Limbs (paraplegia or hemiplegia) | N/A | \$20,000 | \$20,000 | \$20,000 |
| Four Limbs (quadriplegia) | | \$40,000 | \$40,000 | \$40,000 |

| BENEFIT | BENEFIT LIMITS | ALL COVERED PERSONS |
|---|--|---------------------|
| ACCIDENTAL INJURY BENEFITS CATEGORY | | |
| Fracture Benefit (Closed) | | |
| Face or Nose (except mandible or maxilla) | If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit. | \$2,000 |
| Skull Fracture - depressed (except bones of face or nose) | | \$5,000 |
| Skull Fracture - non depressed (except bones of face or nose) | | \$2,500 |
| 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) | | \$2,000 |
| Vertebral Process | | \$750 |
| Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) | | \$2,000 |
| Hip, Thigh (femur) | | \$5,000 |
| Coccyx | | \$750 |
| Leg (tibia and/or fibula) | | \$2,000 |
| Kneecap (patella) | | \$750 |
| Ankle | | \$750 |
| Foot (except toes) | | \$750 |
| Chip Fracture | | 25% |
| Fracture Benefit (Open) | | |
| Face or Nose (except mandible or maxilla) | | \$4,000 |
| Skull Fracture - depressed (except bones of face or nose) | | \$10,000 |
| Skull Fracture - non depressed (except bones of face or nose) | | \$5,000 |
| Lower Jaw, Mandible (except alveolar process) | | \$2,000 |
| Upper Jaw, Maxilla (except alveolar process) | | \$4,000 |
| Upper Arm between Elbow and Shoulder (humerus) | | \$4,000 |
| Shoulder Blade (scapula), Collarbone (clavicle, sternum) | If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit. | \$2,000 |
| Forearm (radius and/or ulna), Hand, Wrist (except fingers) | | \$2,000 |
| Rib | | \$2,000 |
| Finger, Toe | | \$400 |
| Vertebrae, Body of (excluding vertebral processes) | | \$4,000 |
| Vertebral Process | | \$1,500 |
| Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) | | \$4,000 |
| Hip, Thigh (femur) | | \$10,000 |
| Coccyx | | \$1,500 |
| Leg (tibia and/or fibula) | | \$4,000 |

| | | |
|---|--|----------|
| Kneecap (patella) | | \$1,500 |
| Ankle | | \$1,500 |
| Foot (except toes) | | \$1,500 |
| Chip Fracture | | 25% |
| Dislocation Benefit (Closed) | | |
| Lower Jaw | If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit. | \$1,000 |
| Collarbone (sternoclavicular) | | \$1,500 |
| 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 | | \$5,000 |
| Knee (except patella) | | \$2,500 |
| Ankle - Bone or bones of the Foot (other than toes) | | \$1,000 |
| One Toe or Finger | | \$200 |
| Partial Dislocation | | 25% |
| Dislocation Benefit (Open) | | |
| Lower Jaw | If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit. | \$2,000 |
| Collarbone (sternoclavicular) | | \$3,000 |
| Collarbone (acromioclavicular and separation) | | \$2,000 |
| Shoulder (glenohumeral) | | \$2,000 |
| Rib | | \$2,000 |
| Elbow | | \$2,000 |
| Wrist | | \$2,000 |
| Bone or Bones of the Hand (other than fingers) | | \$2,000 |
| Hip | | \$10,000 |
| Knee (except patella) | | \$5,000 |
| Ankle - Bone or bones of the Foot (other than toes) | | \$2,000 |
| One Toe or Finger | | \$400 |
| Partial Dislocation | | 25% |

| Burn Benefit | | |
|---|--|----------|
| 2nd Degree w/ less than 10% of surface skin burnt | 1 time per accident; Unlimited time(s) per calendar year | \$100 |
| 2nd Degree 10-25% surface skin burnt | | \$200 |
| 2nd Degree 25-35% surface skin burnt | | \$750 |
| 2nd Degree 35% or more of surface skin burnt | | \$1,500 |
| 3rd Degree w/ less than 10% of surface skin burnt | | \$1,500 |
| 3rd Degree 10-25% surface skin burnt | | \$2,000 |
| 3rd Degree 25-35% surface skin burnt | | \$7,500 |
| 3rd Degree 35% or more of surface skin burnt | | \$15,000 |
| Concussion Benefit | | |
| Concussion | 1 time(s) per calendar year | \$500 |
| Coma Benefit | | |
| Coma | 1 time(s) per accident; Unlimited time(s) per calendar year | \$10,000 |
| Laceration Benefit | | |
| Without repair by stiches | 1 time per accident; 3 time(s) per calendar year | \$75 |
| Repaired by stiches but less than 2 inches long | | \$125 |
| Repaired by stiches and 2-6 inches long | | \$350 |
| Repaired by stiches and over 6 inches long | | \$700 |
| Broken Tooth Benefit | | |
| Crown | 1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures) | \$300 |
| Extraction | 1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures) | \$150 |
| Filling | 1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures) | \$50 |
| Eye Injury Benefit | | |
| Eye Injury | 1 time(s) per accident; Unlimited time(s) per calendar year | \$400 |

| BENEFIT | BENEFIT LIMITS | ALL COVERED PERSONS |
|--|--|---------------------|
| MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY | | |
| Ground Ambulance Benefit | | |
| Ground Ambulance | 1 time(s) per accident; Unlimited time(s) per calendar year | \$400 |
| Air Ambulance Benefit | | |
| Air Ambulance | 1 time(s) per accident; Unlimited time(s) per calendar year | \$1,250 |
| Emergency Care Benefit | | |
| Emergency Room | 1 time per accident (combined with Non-Emergency Initial Care Benefit) | \$200 |
| Physician's Office | | \$100 |
| Urgent Care | | \$100 |
| Medical Testing Benefit | | |
| Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG) | 2 time(s) per accident; Unlimited time(s) per calendar year | \$200 |
| Physician Follow-Up Benefit | | |
| Physician Follow-Up Visit | 2 time(s) per accident; 6 time(s) per calendar year | \$100 |
| Transportation Benefit | | |
| Transportation | 1 time(s) per accident; 2 time(s) per calendar year | \$400 |
| Therapy Services Benefit | | |
| Acupuncture | 10 time(s) per accident; Unlimited time(s) per calendar year | \$50 |
| Chiropractic Therapy | | \$50 |
| Cognitive Behavioral Therapy | | \$50 |
| Occupational Therapy | | \$50 |
| Physical Therapy | | \$50 |
| Respiratory therapy | | \$50 |
| Speech Therapy | | \$50 |
| Vocational Therapy | | \$50 |

| Pain Benefit | | |
|--|--|---------|
| Pain Management (for Epidural Anesthesia) | 1 time(s) per accident; Unlimited time(s) per calendar year | \$100 |
| Prosthetic Device Benefit | | |
| One Device Only | 1 time(s) per accident; Unlimited time(s) per calendar year | \$1,000 |
| More than One Device | | \$2,000 |
| Medical Appliance Benefit | | |
| Brace | | \$150 |
| Cane | | \$150 |
| Crutches | | \$150 |
| Walker - expected use < 1yr | | \$200 |
| Walker - expected use >=1 yr | | \$400 |
| Walking Boot | | \$150 |
| Wheel chair or motorized scooter - expected use < 1yr | | \$300 |
| Wheel chair or motorized scooter - expected use >=1yr | | \$1,000 |
| Other medical device used for Mobility | | \$150 |
| Medical Appliance Benefit Limit (for all appliances combined per accident) | | \$1,000 |
| Modification Benefit | | |
| Modification | 1 time(s) per accident; Unlimited time(s) per calendar year | \$1,500 |
| Blood/ Plasma/ Platelets Benefit | | |
| Blood/Plasma/Platelets | 1 time(s) per accident; Unlimited time(s) per calendar year | \$500 |
| Surgery Benefits | | |
| Surgical Repair – Cranial | 1 time(s) per accident; Unlimited time(s) per calendar year | \$2,000 |
| Surgical Repair – Hernia | | \$200 |
| Surgical Repair – Ruptured Disc | | \$1,500 |
| Surgical Repair – Skin Graft Benefit | | 50% |
| Surgical Repair – Torn Cartilage in Knee | | \$1,500 |
| Surgical Repair – Torn tendon/ligament/rotator cuff - one | | \$1,000 |
| Surgical Repair – Torn tendon/ligament/rotator cuff - two or more | | \$2,000 |
| Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity | | \$2,000 |

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|---|--|-------|
| Exploratory Surgery (for any Surgery Benefit procedure) | | \$200 |
| Other Outpatient Surgery Benefit | | |
| Other Outpatient Surgery Benefit | 1 time(s) per accident; Unlimited time(s) per calendar year | \$400 |

| ACCIDENT – HOSPITAL BENEFITS CATEGORY | | |
|--|---|---------------------|
| Hospital Admission Benefit | | |
| BENEFIT | BENEFIT LIMITS | ALL COVERED PERSONS |
| ACCIDENT – HOSPITAL BENEFITS CATEGORY | | |
| Hospital Admission Benefit | | |
| Admission | 1 time per accident; Unlimited times per calendar year | \$1,500 |
| ICU Supplemental Admission (paid in addition to Admission) | | \$1,500 |
| Hospital Confinement Benefit | | |
| Confinement | 15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days. | \$300 |
| ICU Supplemental Confinement (paid in addition to Confinement) | | \$300 |
| Inpatient Rehabilitation Benefit | | |
| Inpatient Rehabilitation | 15 days per accident; 30 days per calendar year | \$200 |

| OTHER BENEFITS CATEGORY | | |
|--------------------------------|-----------------------------|---------------------|
| BENEFIT | BENEFIT LIMITS | ALL COVERED PERSONS |
| OTHER BENEFITS CATEGORY | | |
| Lodging Benefit | 15 day(s) per calendar year | \$200 |

Notes Regarding Certain Benefits:

- Lodging Benefit: The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.

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

Other Benefits

**MetLife AdvantagesSM
– Services or
Discounts added at no
additional cost to you
or your members**

Will Preparation Services¹

As an added benefit your members 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 VisionAccess²

As an added benefit your members 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)³

As an added benefit your members will be able to create an account from web, mobile and tablet devices where they can upload, store and share digital assets including pictures, videos, audio files and documents. Assets are stored in collections where members can share with family and friends through scheduled releases now or in the future. A member can also set up a “trusted” individual who can release collections if the user becomes unable to do so in their future.

MetLife AdvantagesSM Disclaimers

MetLife AdvantagesSM availability varies by state.

¹WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epop 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. 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.

