

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

BENEFIT AMOUNTS				
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL DEATH BENEFITS CATEGORY</b>				
Basic Accidental Death	N/A	\$25,000	\$12,500	\$5,000
Accidental Death Common Carrier		\$75,000	\$37,500	\$15,000
<b>ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY</b>				
<b>Basic Dismemberment/Functional Loss Benefit</b>				
Loss of one finger or one toe	N/A	\$1,250	\$1,250	\$1,250
Loss of one arm or one leg		\$6,250	\$6,250	\$6,250
Loss of one hand or one foot		\$6,250	\$6,250	\$6,250
Loss of two or more fingers or toes		\$1,250	\$1,250	\$1,250
Loss of sight in one eye		\$6,250	\$6,250	\$6,250
Loss of hearing in one ear		\$6,250	\$6,250	\$6,250
<b>Catastrophic Dismemberment/Functional Loss Benefit</b>				
Loss of both arms or both legs or one arm and one leg	N/A	\$25,000	\$25,000	\$25,000
Loss of both hands or both feet or one hand and one foot		\$25,000	\$25,000	\$25,000
Loss of sight in both eyes		\$25,000	\$25,000	\$25,000
Loss of hearing in both ears		\$25,000	\$25,000	\$25,000
Loss of ability to speak		\$25,000	\$25,000	\$25,000
<b>Paralysis Benefit</b>				
Two Limbs (paraplegia or hemiplegia)	N/A	\$5,000	\$5,000	\$5,000
Four Limbs (quadriplegia)		\$10,000	\$10,000	\$10,000

		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
<b>ACCIDENTAL INJURY BENEFITS CATEGORY</b>		
<b>Fracture Benefit (Closed)</b>		
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.	\$1,350
Skull Fracture - depressed (except bones of face or nose)		\$3,375
Skull Fracture - non depressed (except bones of face or nose)		\$1,575
Lower Jaw, Mandible (except alveolar process)		\$1,800
Upper Jaw, Maxilla (except alveolar process)		\$1,575

Upper Arm between Elbow and Shoulder (humerus)		\$1,575
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,800
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$2,250
Rib		\$360
Finger, Toe		\$360
Vertebrae, Body of (excluding vertebral processes)		\$4,050
Vertebral Process		\$900
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$3,600
Hip, Thigh (femur)		\$4,500
Coccyx		\$360
Leg (tibia and/or fibula)		\$2,700
Kneecap (patella)		\$2,250
Ankle		\$2,250
Foot (except toes)		\$2,250
Chip Fracture		25%
<b>Fracture Benefit (Open)</b>		
Face or Nose (except mandible or maxilla)		\$2,025
Skull Fracture - depressed (except bones of face or nose)		\$5,063
Skull Fracture - non depressed (except bones of face or nose)		\$2,363
Lower Jaw, Mandible (except alveolar process)		\$2,700
Upper Jaw, Maxilla (except alveolar process)		\$2,363
Upper Arm between Elbow and Shoulder (humerus)		\$2,363
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.	\$2,700
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$3,375
Rib		\$540
Finger, Toe		\$540
Vertebrae, Body of (excluding vertebral processes)		\$6,075
Vertebral Process		\$1,350
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$5,400
Hip, Thigh (femur)		\$6,750
Coccyx		\$540

Leg (tibia and/or fibula)		\$4,050
Kneecap (patella)		\$3,375
Ankle		\$3,375
Foot (except toes)		\$3,375
Chip Fracture		25%
<b>Dislocation Benefit (Closed)</b>		
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.	\$1,200
Collarbone (sternoclavicular)		\$1,000
Collarbone (acromioclavicular and separation)		\$750
Shoulder (glenohumeral)		\$2,000
Rib		\$750
Elbow		\$800
Wrist		\$1,000
Bone or Bones of the Hand (other than fingers)		\$1,400
Hip		\$3,600
Knee (except patella)		\$2,600
Ankle - Bone or bones of the Foot (other than toes)		\$1,600
One Toe or Finger		\$320
Partial Dislocation		25%
<b>Dislocation Benefit (Open)</b>		
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.	\$1,800
Collarbone (sternoclavicular)		\$1,500
Collarbone (acromioclavicular and separation)		\$1,125
Shoulder (glenohumeral)		\$3,000
Rib		\$1,125
Elbow		\$1,200
Wrist		\$1,500
Bone or Bones of the Hand (other than fingers)		\$2,100
Hip		\$5,400
Knee (except patella)		\$3,900
Ankle - Bone or bones of the Foot (other than toes)		\$2,400
One Toe or Finger		\$480
Partial Dislocation		25%
<b>Burn Benefit</b>		
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		\$500
2nd Degree 35% or more of surface skin burnt		\$1,000
3rd Degree w/ less than 10% of surface skin burnt		\$500
3rd Degree 10-25% surface skin burnt		\$3,000
3rd Degree 25-35% surface skin burnt		\$7,000
3rd Degree 35% or more of surface skin burnt		\$10,000
<b>Concussion Benefit</b>		
Concussion	1 time(s) per calendar year	\$200
<b>Coma Benefit</b>		
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$10,000
<b>Laceration Benefit</b>		
Without repair by stiches		\$25
Repaired by stiches but less than 2 inches long	1 time per accident; 3 time(s) per calendar year	\$50
Repaired by stiches and 2-6 inches long		\$200
Repaired by stiches and over 6 inches long		\$400
<b>Broken Tooth Benefit</b>		
Crown	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$150
Extraction	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$50
Filling	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$25
<b>Eye Injury Benefit</b>		
Eye Injury	1 time(s) per accident; 2 time(s) per calendar year	\$250

		<b>BENEFIT AMOUNTS</b>
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>
<b>MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY</b>		
<b>Ground Ambulance Benefit</b>		

Ground Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$200
<b>Air Ambulance Benefit</b>		
Air Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$1,500
<b>Emergency Care Benefit</b>		
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit)	\$150
Physician's Office		\$75
Urgent Care		\$75
<b>Non-Emergency Initial Care Benefit</b>		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$75
<b>Medical Testing Benefit</b>		
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	1 time(s) per accident; 2 time(s) per calendar year	\$150
<b>Physician Follow-Up Benefit</b>		
Physician Follow-Up Visit	6 time(s) per accident; 6 time(s) per calendar year	\$35
<b>Transportation Benefit</b>		
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$300
<b>Therapy Services Benefit</b>		
Cognitive Behavioral Therapy	6 time(s) per accident; 15 time(s) per calendar year	\$50
Occupational Therapy		\$50
Physical Therapy		\$50
Respiratory therapy		\$50
Speech Therapy		\$50
Vocational Therapy		\$50
<b>Pain Benefit</b>		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$75
<b>Prosthetic Device Benefit</b>		
One Device Only	1 time(s) per accident;	\$500

More than One Device	Unlimited time(s) per calendar year	\$500	
<b>Medical Appliance Benefit</b>			
Brace		\$100	
Cane		\$100	
Crutches		\$100	
Walker - expected use < 1yr		\$100	
Walker - expected use >=1 yr		\$100	
Walking Boot		\$100	
Wheel chair or motorized scooter - expected use < 1yr		\$100	
Wheel chair or motorized scooter - expected use >=1yr		\$100	
Other medical device used for Mobility		\$100	
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$750	
<b>Modification Benefit</b>			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	
<b>Blood/ Plasma/ Platelets Benefit</b>			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$200	
<b>Surgery Benefits</b>			
Surgical Repair – Cranial		\$1,500	
Surgical Repair – Hernia		\$150	
Surgical Repair – Ruptured Disc		\$400	
Surgical Repair – Skin Graft Benefit		50%	
Surgical Repair – Torn Cartilage in Knee		\$400	
Surgical Repair – Torn tendon/ligament/rotator cuff - one		1 time(s) per accident; 2 time(s) per calendar year	\$400
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,500	
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,000	
Exploratory Surgery (for any Surgery Benefit procedure)		\$250	
<b>Other Outpatient Surgery Benefit</b>			
Other Outpatient Surgery Benefit	1 time(s) per accident; 2 time(s) per calendar year	\$300	

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<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>
<b>ACCIDENT – HOSPITAL BENEFITS CATEGORY</b>		
<b>Hospital Admission Benefit</b>		
Admission	1 time per accident; Unlimited times per calendar year	\$1,000
ICU Supplemental Admission (paid in addition to Admission)		\$1,000
<b>Hospital Confinement Benefit</b>		
Confinement	365 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 30 of those days.	\$250
ICU Supplemental Confinement (paid in addition to Confinement)		\$250
<b>Inpatient Rehabilitation Benefit</b>		
Inpatient Rehabilitation	30 days per accident; 60 days per calendar year	\$150

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<b>OTHER BENEFITS CATEGORY</b>		
Health Screening Benefit	1 time(s) per calendar year	\$60
Lodging Benefit	15 day(s) per calendar year	\$100

Notes Regarding Certain Benefits:

- Accidental Death Benefits Category: 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 Common Carrier Benefit: "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.
- 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.