



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

**THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully** - This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- 3) Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, “you” and “your” refer to the member who becomes insured for accident-only insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Plan Benefits
Fracture Benefit*	\$200 – \$10,000 depending on the fracture and type of repair
Dislocation Benefit*	\$200 – \$10,000 depending on the dislocation and type of repair
Concussion Benefit	\$500
Laceration Benefit	\$75 – \$700 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$300 Filling \$50 Extraction \$150
Eye Injury Benefit	\$400
Accident - Medical Services & Treatment Benefits	Plan Benefits
Ambulance Benefit	Ground: \$400 Air: \$1,250
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (including physical therapy)	\$50
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$150 – \$1,000 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit	\$100
Prosthetic Device Benefit	One device: \$1,000 More than one device: \$2,000
Modification Benefit	\$1,500
Blood/Plasma/Platelets Benefit	\$500
Surgical Repair Benefit	\$200-\$2,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
Hospital Benefits	Plan Benefits
Admission Benefit	\$1,500 for the day of admission
ICU Supplemental Admission Benefit	\$1,500 for the day of admission
Confinement Benefit	\$300 per day

(paid for up to 15 days per accident)	
ICU Supplemental Confinement Benefit	\$300 per day
(paid for up to 15 days per accident)	
Inpatient Rehabilitation Benefit	\$200 per day
(paid for up to 15 days per accident)	
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Plan Benefits
Functional Loss for Coma Benefit	\$10,000
Functional Loss for Burn Benefit	\$100 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Dismemberment/Functional Loss	\$1,000 – \$40000 depending on the injury
Paralysis	\$20000 - \$40,000 depending on the number of limbs
Other Benefits	Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$200 per day

- 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.
- Health Screening Benefit - The Health Screening Benefit is not available in all states.
- Lodging benefit – the lodging must be at least 50 miles from insured’s primary residence.

4) Exclusions and limitations:

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

- the covered person’s being under the influence of any:
 - narcotic, unless:
 - administered on the advice of a physician;
 - the covered person being intoxicated;
- suicide, attempted suicide or the covered person’s intentionally self-inflicted injury;
- war or act of war, (whether declared or undeclared);
- the covered person’s participation in a felony, riot or insurrection;
- the covered person’s engagement in an illegal occupation;
- 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;
- the covered person’s mental or emotional disorder, alcoholism or drug addiction:
- the covered person’s service in the armed forces or any auxiliary unit of the armed forces;
- aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline; [or]
- the covered person’s performance of professional aviation duties for wage or profit;

In addition, the Certificate does not provide benefits for:

- services or treatment received outside of the United States, Canada or Mexico

- 5) **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 membership ends.
- 6) **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.
- 7) **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.
- 8) **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.

ACCIDENT PLAN 1



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CERTIFICATE OF ACCIDENT INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You are insured for the benefits described in this Certificate, subject to the provisions of this Certificate.

This Certificate is issued to You under the Group Policy. This Certificate includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.** The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Group Policyholder: Independent Drivers Guild

Group Policy Number: 0232092

MetLife Toll Free Number: 1-800-GETMET8

THIS IS ACCIDENT-ONLY INSURANCE. IT DOES NOT PROVIDE COVERAGE FOR SICKNESS. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

TABLE OF CONTENTS

Section	Page
SCHEDULE OF INSURANCE	4
DEFINITIONS	13
ELIGIBILITY PROVISIONS: INSURANCE FOR YOU	19
Eligible Class	19
Date You Are Eligible For Insurance	19
Enrollment Process	19
Date Your Insurance Takes Effect	19
Benefit Changes	19
ACCIDENTAL DISMEMBERMENT/ FUNCTIONAL LOSS/ PARALYSIS BENEFITS	20
Basic Dismemberment/Functional Loss Benefit Or Catastrophic Dismemberment/Functional Loss Benefit	20
Paralysis Benefit	20
ACCIDENTAL INJURY BENEFITS	22
Fracture Benefit	22
Dislocation Benefit	22
Concussion Benefit	23
Laceration Benefit	23
Broken Tooth Benefit	24
Eye Injury Benefit	24
ACCIDENT - MEDICAL TREATMENT & SERVICES BENEFITS	25
Air Ambulance Benefit	25
Ground Ambulance Benefit	25
Emergency Care Benefit	25
Medical Testing Benefit	26
Physician Follow-up Visit Benefit	26
Transportation Benefit	26
Therapy Services Benefit	27
Pain Management Benefit (For Epidural Anesthesia)	27
Prosthetic Device Benefit	28
Medical Appliance Benefit	28
Modification Benefit	28
Blood / Plasma / Platelets Benefit	28
Surgery Benefits	29
Other Outpatient Surgery Benefit	29
HOSPITAL BENEFITS	30
Accident – Hospital Admission Benefits	30
Accident - Hospital Confinement Benefits	30
Inpatient Rehabilitation Benefit	31
OTHER BENEFITS	32
Health Screening Benefit	32
Lodging Benefit	33
EXCLUSIONS	34
WHEN INSURANCE ENDS	35
Date Your Insurance Ends	35
CLAIMS	36
Notice of Claim	36
Claim Form	36
Proof of Loss	36
Payment Of Benefits	36
Your Beneficiary	36

Authorizations	37
Examinations	37
Autopsy.....	37
Time Limit on Legal Actions	37
GENERAL PROVISIONS	38
Entire Contract.....	38
Misstatements	38
Assignment.....	38
Conformity with Law	38
Standard of Time	38
Access To Discounts For Services.....	38

SCHEDULE OF INSURANCE

IMPORTANT NOTE: Payment of the benefits listed in this Schedule is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate. PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY.

ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS:

Basic Dismemberment/Functional Loss Benefit:	Benefit
Basic Dismemberment Benefit:	
Loss of one finger or one toe	\$1,000
Loss of one arm or one leg	\$15,000
Loss of one hand or one foot	\$15,000
Loss of two or more fingers or toes in any combination	\$2,000
Basic Functional Loss Benefit:	
Loss of sight in one eye	\$15,000
Loss of hearing in one ear	\$15,000
Coma	\$10,000
Burn	
Second Degree - Percentage of total surface skin area that is burned:	
Less than 10%	\$100
At least 10% but less than 25%	\$200
At least 25% but less than 35%	\$750
35% or more	\$1,500
Third Degree - Percentage of total surface skin area that is burned:	
Less than 10%	\$1,500
At least 10% but less than 25%	\$2,000
At least 25% but less than 35%	\$7,500
35% or more	\$15,000

SCHEDULE OF INSURANCE (Continued)

	Benefit
Catastrophic Dismemberment/Functional Loss Benefit:	
Catastrophic Dismemberment Benefit:	
Loss of both arms or both legs or one arm and one leg	\$40,000
Loss of both hands or both feet or one hand and one foot	\$40,000
Catastrophic Functional Loss Benefit:	
Loss of sight in both eyes	\$40,000
Loss of hearing in both ears	\$40,000
Loss of ability to speak	\$40,000
Paralysis Benefit:	
Two limbs (paraplegia or hemiplegia)	\$20,000
Four limbs (quadriplegia)	\$40,000

ACCIDENTAL INJURY BENEFITS:**Fracture Benefit*****Fracture Benefit For Closed Reduction:**

Face or Nose (except mandible or maxilla)	\$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 Processes	\$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

SCHEDULE OF INSURANCE (Continued)

	Benefit
Fracture Benefit For Open Reduction:	
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)	\$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 Processes	\$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 Benefit** for any of the above: Benefit is 25% of the applicable benefit for the bone involved.

Dislocation Benefit*

Full Dislocation Benefit for Closed Reduction:

Lower Jaw	\$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 other than toes)	\$1,000
One Toe or Finger	\$200

SCHEDULE OF INSURANCE (Continued)

	Benefit
Full Dislocation Benefit for Open Reduction:	
Lower Jaw	\$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 Benefit** for any of the above: Benefit is 25% of the applicable benefit for joint involved.

Concussion Benefit **\$500**

SCHEDULE OF INSURANCE (Continued)

Laceration Benefit:	Benefit
Repaired without stitches	\$75
Repaired with stitches	
Total of all lacerations is less than two inches (5.08 cm) long	\$125
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$350
Total of all lacerations is over six inches (over 15.24 cm) long	\$700

SCHEDULE OF INSURANCE (Continued)

	Benefit
Broken Tooth Benefit:	
Crown	\$300
Extraction	\$150
Filling	\$50
Eye Injury Benefit	
	\$400
ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS	
Air Ambulance Benefit	\$1,250
Ground Ambulance Benefit	\$400
Emergency Care Benefit	
Emergency Room	\$200
Physician's Office	\$100
Urgent Care	\$100
Medical Testing Benefit	\$200

SCHEDULE OF INSURANCE (Continued)

	Benefit
Physician Follow-Up Visit Benefit	\$100
Transportation Benefit	\$400
Therapy Services Benefit:	
Cognitive behavioral therapy	\$50
Occupational therapy	\$50
Physical therapy	\$50
Respiratory therapy	\$50
Speech therapy	\$50
Vocational therapy	\$50
Acupuncture	\$50
Chiropractic therapy	\$50
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit	
One device only	\$1,000
More than one device	\$2,000
Medical Appliance Benefit:	
Brace	\$150
Cane	\$150
Crutches	\$150
Walker – expected use less than 1 year	\$200
Walker – expected use 1 year or longer	\$400
Walking boot	\$150
Wheel chair or motorized scooter – expected use less than 1 year	\$300
Wheel chair or motorized scooter – expected use 1 year or longer	\$1,000
Other medical device used for mobility	\$150
Medical Appliance Benefit Limit:	\$1,000
Limit for all Medical Appliances combined, per Covered Person, per Accident	
Modification Benefit	\$1,500
Blood/Plasma/Platelets Benefit	\$500

SCHEDULE OF INSURANCE (Continued)

Surgery Benefits:	Benefit
Surgical Repair Benefit:	
Cranial	\$2,000
Hernia	\$200
Ruptured Disc	\$1,500
Skin Graft Benefit (only payable for a burn for which a Functional Loss Benefit for Burn was paid)	50% of Functional Loss Benefit for Burn that was paid
Torn cartilage in knee	\$1,500
Torn, ruptured or severed tendon/ligament/rotator cuff	
One tendon/ligament/rotator cuff	\$1,000
Two or more tendons/ligaments/rotator cuffs	\$2,000
Thoracic cavity or abdominal pelvic cavity	\$2,000
Exploratory Surgery Benefit for any of the procedures listed above	\$200
Other Outpatient Surgery Benefit	\$400

ACCIDENT - HOSPITAL BENEFITS

Admission Benefit (for the day of admission)	\$1,500
ICU Supplemental Admission Benefit (for the day of admission)	\$1,500

SCHEDULE OF INSURANCE (Continued)

Confinement Benefit	\$300 per day
ICU Supplemental Confinement Benefit	\$300 per day
Inpatient Rehabilitation Benefit	\$200 per day

OTHER BENEFITS

Health Screening Benefit	\$50
Lodging Benefit	\$200 per day

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. Other terms may be defined where they are used. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Accident means an act or event which:

- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect under this Certificate.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Accidental or Accidentally means happening by Accident.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job.

Certificate means this Certificate including any riders attached to it.

Coma means a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, characterized by the absence of purposeful response to commands, including:

- eye opening;
- verbal response; and
- motor response.

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.

Covered Person means You.

Covered Surgery means any of the following procedures:

- cranial Surgery;
- skin graft to treat a burn for which the Functional Loss Benefit for Burn was paid;
- Surgery to treat a hernia;
- thoracic cavity and abdominal pelvic cavity Surgery;
- Surgery to treat a Ruptured Disc;
- Surgery to treat torn cartilage in the knee (meniscus); or
- Surgery to treat a torn, ruptured or severed tendon, ligament or rotator cuff.

DEFINITIONS (Continued)

Emergency Room means an area within a Hospital that is dedicated to the provision of emergency care. This area must:

- be staffed and equipped to handle trauma;
- be supervised and provide treatment by Physicians; and
- provide care seven days per week, 24 hours per day.

DEFINITIONS (Continued)

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means Independent Drivers Guild.

Hospital means a short-term, acute care, general facility which:

- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine;
- has facilities for major Surgery either on its premises or through contractual arrangement with another Hospital;
- has a requirement that every patient must be under the care of a Physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals;
- if located in New York State, has in effect a hospitalization review plan applicable to all patients that meets at least the standards set forth in section 1861 (k) of United States Public Law 89-97; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

Injury means any bodily harm:

- that results directly from an Accident; and
- is not specifically excluded as set forth in the section titled Accident - Exclusions.

Intensive Care Unit or ICU means a place which:

- is a specifically dedicated area of a Hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive monitoring and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under close observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a Physician assigned to the intensive care unit on a full-time basis.

The term Intensive Care Unit includes Hospital units with the following names: Intensive Care Unit; Coronary Care Unit; Neonatal Intensive Care Unit; Pulmonary Care Unit; Burn Unit; or Transplant Unit.

Medical Restriction means a person is:

- restricted to the person's home under a Physician's care;
- receiving or applying to receive disability benefits from any source;
- an inpatient in a Hospital;
- receiving care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receiving chemotherapy, radiation therapy or dialysis.

Member means (i) a driver who is licensed with the New York City Taxi and Limousine Commission (NYC TLC) as a for hire vehicle driver, is driving a vehicle that is affiliated with a dispatch base that is a member of The Black Car Fund, and who in the prior calendar year (or prior calendar quarter if driving for less than a calendar year) has provided service to passengers averaging at least 10 hours per week, or (ii) a driver not registered with the NYC TLC and qualifies as a transportation network company driver that is working with a member of the Black Car Fund, or is affiliated with a dispatch base that is a member of the Black Car Fund, and in the prior calendar year (or prior calendar quarter if driving for less than a calendar year) has received gross earnings averaging at least \$4,000 per month from the provision of service to passengers in the State of New York. Gross revenue is to be determined based on income that will be reported on a driver's Form 1099. In the case of either (i) or (ii) the driver must also be enrolled in The Black Car Fund Drivers Benefits program.

DEFINITIONS (Continued)

Other Outpatient Surgery means Surgery performed on an outpatient basis, other than a Surgery for which the Surgery Benefit is payable.

Outpatient Surgery Facility means a facility mainly engaged in performing outpatient Surgery. It must:

- be accredited as an ambulatory surgery facility by either the Joint Commission or the Accreditation Association for Ambulatory Care;
- be approved as an ambulatory Surgery facility by Medicare; or
- meet all of the following criteria:
 - maintains all appropriate licensing for a facility that provides ambulatory Surgery;
 - is staffed by Physicians and nurses, under the supervision of a Physician;
 - has permanent operating and recovery rooms;
 - is staffed and equipped to provide emergency care; and
 - has written back-up arrangements with a local Hospital for emergency care.

Physician means:

- a person licensed to practice medicine and prescribe and administer drugs or to perform Surgery in the jurisdiction where such services are performed; or
- a medical practitioner who is licensed to provide a service for which a benefit is payable under this Certificate, according to the laws and regulations of the jurisdiction where such service is performed, and who is acting within the scope of such license.

The term Physician does not include:

- You;
- Your spouse or anyone to whom You are related by blood or marriage;
- anyone with whom You are residing;
- Your adopted or stepchild;
- anyone with whom You share a business interest; or
- Your employee.

Primary Residence means the dwelling where a person lives for the majority of the time, whether the person owns or rents the dwelling.

Proof means Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

DEFINITIONS (Continued)

Rehabilitation Facility means a facility that:

- provides rehabilitation care services on an inpatient basis; and
- maintains all required licenses and certifications.

Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by an Injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of Physicians.

The term Rehabilitation Facility does not include:

- a nursing home;
- an extended care facility, unless the Covered Person is receiving rehabilitation care services on an inpatient basis at the extended care facility;
- a Skilled Nursing Facility, unless the Covered Person is receiving rehabilitation care services on an inpatient basis at the facility;
- a rest home or home for the aged;
- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Ruptured Disc means a tear in the spinal disc capsule. It does not include a bulging disc.

Schedule means the Schedule of Insurance that appears in this Certificate, and the Covered Person Specifications page.

Sickness means:

- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an Accidental cut or wound.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

Skilled Nursing Facility means a facility that provides skilled, intermediate or custodial care that meets all of the following requirements:

- if licensing or certification is required, maintains all appropriate licensing or certification under the laws where it is located as a skilled or intermediate nursing facility;
- has 24 hour a day nursing care provided by any of the following who is licensed under the laws where the services are performed: a registered professional nurse (R.N.), licensed practical nurse (L.P.N.) or licensed vocational nurse (L.V.N.);
- has 24 hour a day care performed by an awake, and trained or certified staff supervised by a nurse who is an R.N, L.P.N. or L.V.N.;
- keeps a Written record of services performed for each client;
- has established procedures to obtain emergency medical care; and
- services are not limited to provision of food, shelter, and other residential services such as laundry.

DEFINITIONS (Continued)

Surgery means a procedure performed by a Physician involving an incision of the Covered Person's skin or tissue that, in and of itself, is intended to be curative, palliative or exploratory.

Urgent Care Facility means a health care facility:

- that is separate from a Hospital or a separate unit within a Hospital; and
- the primary purpose of which is the offering and provision of immediate, short-term medical care, for urgent care.

United States means the United States of America, its territories and its possessions.

We, Us and Our mean Metropolitan Life Insurance Company.

Write, Written or Writing means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and Your means Member who is insured under the Group Policy for the insurance described in this Certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS

All Members

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance as shown in the SCHEDULE OF BENEFITS if You are a Member.

If You are a Member on February 1, 2023, You will be eligible for the insurance described in this Certificate on that date.

If You become a Member after February 1, 2023, You will be eligible for insurance on the date You become a Member.

DATE YOUR INSURANCE TAKES EFFECT

Provided you are a Member, insurance under this Certificate will take effect for You on the later of the policy effective date or the date you became a Member.

ACCIDENTAL DISMEMBERMENT/ FUNCTIONAL LOSS/ PARALYSIS BENEFITS

Payment of the Accidental Dismemberment/Functional Loss/Paralysis Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

BASIC DISMEMBERMENT/FUNCTIONAL LOSS BENEFIT OR CATASTROPHIC DISMEMBERMENT/FUNCTIONAL LOSS BENEFIT

If a Covered Person sustains an Injury that is a Dismemberment or Functional Loss, We will pay the Basic Dismemberment/Functional Loss Benefit or the Catastrophic Dismemberment / Functional Loss Benefit shown in the Schedule that applies to the type of Dismemberment or Functional Loss the Covered Person sustained, subject to all of the following:

- The Dismemberment or Functional Loss must be documented by a Physician within 180 days after the Accident occurs.
- In order for the Catastrophic Dismemberment/ Functional Loss Benefit to be payable, the Injuries that qualify for such benefit must have been sustained by the Covered Person in a single Accident.
- If a Covered Person sustains an Injury that is a Dismemberment or Functional Loss that falls under more than one classification on the Schedule, We will only pay the benefit that applies to the classification that pays the highest benefit.
 - We will pay the Coma Benefit no more than 1 time time per Covered Person, per Accident.
 - We will pay the Burn Benefit no more than one time per Covered Person, per Accident.
 - If a Burn meets more than one of the Burn classifications shown in the Schedule, the amount We pay will be based on the classification of the Burn that pays the highest benefit.

Dismemberment means any of the following:

- Loss of an arm: the arm is permanently severed at or above the elbow.
- Loss of a hand: the hand is permanently severed at or above the wrist joint.
- Loss of a finger: the finger is permanently severed at the joint proximate to the first interphalangeal joint where it is attached to the hand.
- Loss of a foot: the foot is permanently severed at or above the ankle joint.
- Loss of a leg: the leg is permanently severed at or above the knee.
- Loss of a toe: the toe is permanently severed at the joint proximate to the first interphalangeal joint where it is attached to the foot.

Functional Loss means any of the following:

- Loss of hearing: permanent deafness in at least one ear, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing must last for a continuous period of not less than 90 days as confirmed by a Physician.
- Loss of sight: permanent loss of sight in an eye. With correction, visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees. Loss of sight must last for a continuous period of not less than 90 days as confirmed by a Physician.
- Loss of ability to speak: total and permanent loss of audible communication (aphonia), if such loss cannot be corrected to any functional degree by any procedure, aid or device. Loss of ability to speak must last for a continuous period of not less than 90 days as confirmed by a Physician.

ACCIDENTAL DISMEMBERMENT/ FUNCTIONAL LOSS/ PARALYSIS BENEFITS (Continued)

- Coma: a total loss of use of the body characterized by a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, and by the absence of purposeful response to commands, including:
 - eye opening;
 - verbal response; and
 - motor response.Coma includes a medically induced Coma.
- Burn: a loss of use of a body extremity or an impairment of bodily function due to a second or third degree burn.

PARALYSIS BENEFIT

If a Covered Person sustains an Injury that is Paralysis, We will pay the Paralysis Benefit shown in the Schedule that applies to the type of Paralysis that the Covered Person sustained, subject to all of the following:

- Paralysis must be documented by a Physician within 180 days after the Accident occurs.
- If a Covered Person sustains an Injury that is Paralysis that falls under more than one classification on the Schedule, We will only pay the benefit that applies to the classification that pays the highest benefit.
- We will pay the Paralysis Benefit no more than one time per Covered Person, per Accident.

Paralysis means the permanent total and irrecoverable loss of movement of 2 or more limbs:

- that has lasted for a continuous period of not less than 90 days as confirmed by a Physician; or
- as a result of transected spinal cord with supporting clinical and radiological evidence and no expectation of return to function.

The term Paralysis does not include a Dismemberment or Coma.

ACCIDENTAL INJURY BENEFITS

Payment of the Accidental Injury Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

FRACTURE BENEFIT

If a Covered Person sustains an Injury that is a Fracture, We will pay the Fracture Benefit, shown in the Schedule that is applicable to the type of Fracture sustained by the Covered Person, subject to all of the following:

- The Injury must be diagnosed and treated as a Fracture by a Physician within 180 days after the Accident occurs.
- The Fracture must require, and be corrected by, open (surgical) or closed (non-surgical) reduction by a Physician. Closed reduction includes immobilization.
- We will pay no more than one Fracture Benefit per bone, per Accident.
- If more than one bone is Fractured in a single Accident, the amount We will pay for all Fractures combined will be no more than 2 times the highest Fracture Benefit that would otherwise be payable for any one of the bones involved.
- If an Injury is a Chip Fracture, We will pay the Chip Fracture Benefit instead of the Fracture Benefit. The Chip Fracture Benefit will be 25% of the Fracture Benefit shown in the Schedule for the bone involved.
- If the same Fracture is treated with both open reduction and closed reduction, We will pay no more than the Fracture Benefit payable for the open reduction.

Fracture means a break in a bone of a body part that is listed on the Schedule under Fracture Benefit, which can be detected by an x-ray or a similar diagnostic exam.

Chip Fracture means a Fracture in which a small fragment of the bone is broken off.

DISLOCATION BENEFIT

If a Covered Person sustains an Injury that is a Dislocation, We will pay the Dislocation Benefit, shown in the Schedule, that is applicable to the type of Dislocation the Covered Person sustained, subject to all of the following:

- The Injury must be diagnosed and treated as a Dislocation by a Physician within 180 days after the Accident occurs.
- The Dislocation must require, and be corrected by, open (surgical) or closed (non-surgical) reduction by a Physician.
- If more than one joint is Dislocated in a single Accident, the amount We will pay for all Dislocations combined will be no more than 2 times the highest Dislocation Benefit that would otherwise be payable for any one of the joints involved.
- The Partial Dislocation Benefit will be 25% of the Dislocation Benefit shown in the Schedule for a Full Dislocation of the joint involved.
- If a Partial Dislocation Benefit was paid, or becomes payable, and the Covered Person subsequently sustains an Injury that is a Full Dislocation, We will reduce what We pay for the Full Dislocation by the amount that was paid, or is payable, for the Partial Dislocation.
- For each joint, We will pay no more than one Full Dislocation Benefit amount for all Injuries combined that are Dislocations of that same joint, regardless of whether the Injuries are sustained in the same Accident. Once the Covered Person has received an amount equal to one Full Dislocation Benefit for a joint, no further Dislocation Benefits will be paid for that same joint, even if the Covered Person subsequently sustains an Injury that is a Dislocation of that same joint in a new Accident.
- We will only pay benefits for those Dislocations specifically listed in the Schedule.

Dislocation means a separated joint of a body part that is listed on the Schedule under Dislocation Benefit. The term Dislocation does not include vertebral subluxation complex (misaligned vertebrae).

Full Dislocation means a Dislocation in which the joint is completely separated.

Partial Dislocation means a Dislocation in which the joint is not completely separated.

ACCIDENTAL INJURY BENEFITS (Continued)

CONCUSSION BENEFIT

If a Covered Person sustains an Injury that is a concussion, We will pay the Concussion Benefit shown in the Schedule, subject to all of the following:

- The Injury must be diagnosed as a concussion by a Physician within 90 days after the Accident occurs.
- We will pay the Concussion Benefit no more than 1 time per Covered Person, per calendar year.

LACERATION BENEFIT

If a Covered Person sustains an Injury that is a Laceration and receives treatment from a Physician to repair it, We will pay the Laceration Benefit, shown in the Schedule, that is applicable to the length of the Laceration and the treatment received as follows:

- if the Laceration is repaired with stitches, We will pay the Laceration Benefit repaired with stitches; or
- if the Laceration is not repaired with stitches, We will pay the Laceration Benefit repaired without stitches.

Payment of the Laceration Benefit is subject to all of the following:

- The Laceration must be treated by a Physician within 90 days after the Accident occurs.
- A Laceration repaired with sutures or staples will be deemed to be a Laceration repaired with stitches for purposes of this Laceration Benefit.
- If the Covered Person has more than one Laceration, the amount We pay will be based on the total length of all Lacerations received in any one Accident that are repaired with stitches. If some, but not all, of the Lacerations require repair with stitches, We will not pay any benefit for the Laceration or Lacerations that are repaired without stitches.
- We will pay the Laceration Benefit no more than:
 - one time per Covered Person, per Accident; and
 - no more than 3 times per Covered Person, per calendar year.

Laceration means a cut.

ACCIDENTAL INJURY BENEFITS (Continued)

BROKEN TOOTH BENEFIT

If a Covered Person sustains an Injury that is a broken tooth and the tooth is repaired by a dental crown or filling, or is extracted, We will pay the Broken Tooth Benefit, shown in the Schedule, that is applicable to the dental crown, filling and/or extraction, subject to all of the following:

- No benefit will be payable for an Injury to a tooth that is not a sound, natural tooth.
- No benefit will be payable for an Injury caused by biting or chewing.
- The dental services must begin within 365 days after the Accident occurs.
- Regardless of the number of teeth involved, We will pay the Broken Tooth Benefit for no more than 1 dental crown, no more than 1 dental filling, and no more than 1 dental extraction per Covered Person, per Accident.

EYE INJURY BENEFIT

If a Covered Person sustains an Injury to an eye, We will pay the Eye Injury Benefit shown in the Schedule, subject to all of the following:

- The Injury to the eye must require Surgery or the removal of a foreign object by a Physician within 180 days after the Accident occurs.
- We will pay the Eye Injury Benefit no more than 1 time per Covered Person, per Accident.

ACCIDENT - MEDICAL TREATMENT & SERVICES BENEFITS

Payment of the Accident – Medical Treatment and Services Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

AIR AMBULANCE BENEFIT

We will pay the Air Ambulance Benefit shown in the Schedule if a licensed professional air ambulance service is required to transport a Covered Person by air to or from a Hospital or between medical facilities, where treatment for an Injury is received, subject to both of the following:

- The air ambulance transportation must be within 90 days after the Accident occurs.
- We will pay the Air Ambulance Benefit no more than 1 time per Covered Person, per Accident.

GROUND AMBULANCE BENEFIT

We will pay the Ground Ambulance Benefit shown in the Schedule if a licensed professional ambulance service is required to transport a Covered Person by ground to or from a Hospital or between medical facilities, where treatment for an Injury is received, subject to both of the following:

- The ambulance transportation must be within 90 days after the Accident occurs.
- We will pay the Ground Ambulance Benefit no more than 1 time per Covered Person, per Accident.

EMERGENCY CARE BENEFIT

If a Covered Person sustains an Injury and receives initial care from a Physician for the Injury in an Emergency Room, a Physician's office or an Urgent Care Facility, within 90 days after the Accident occurs, We will pay the Emergency Care Benefit, shown in the Schedule that is applicable to the place where care is received.

We will pay the Emergency Care Benefit no more than 1 time per Covered Person, per Accident.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (Continued)

MEDICAL TESTING BENEFIT

If a Covered Person sustains an Injury and receives any of the following medical tests to evaluate the Injury, We will pay the Medical Testing Benefit shown in the Schedule:

- x-rays;
- magnetic resonance imaging (MRI) or magnetic resonance (MR);
- ultrasound;
- nerve conduction velocity test (NCV);
- computed tomography scan (CT) or computed axial tomography (CAT); or
- electroencephalogram (EEG).

Payment of the Medical Testing Benefit is subject to all of the following:

- The test must be ordered by a Physician and be performed within 180 days after the Accident occurs.
- We will pay the Medical Testing Benefit no more than 2 times per Covered Person, per Accident.

PHYSICIAN FOLLOW-UP VISIT BENEFIT

If a Covered Person sustains an Injury and receives follow-up care, for the Injury, that is recommended by a Physician or is a second opinion, We will pay the Physician Follow-Up Visit Benefit shown in the Schedule, subject to all of the following:

- Treatment must:
 - begin within 180 days after the Accident occurs and be provided within 365 days after the Accident occurs;
 - be specific to the Injury;
 - occur on an outpatient basis in a Physician's office, an Urgent Care Facility or a Hospital; and
 - not be for routine examinations, preventive testing, or any treatment for which a benefit is payable under the Therapy Services Benefit, Emergency Care Benefit, or Health Screening Benefit.
- We will pay the Physician Follow-Up Visit Benefit no more than:
 - 2 times per Covered Person, per Accident; and
 - 6 times per Covered Person, per calendar year.

TRANSPORTATION BENEFIT

We will pay the Transportation Benefit shown in the Schedule when a Covered Person travels more than 50 miles one way for follow-up treatment of an Injury for which We pay a benefit under this Certificate, at a Hospital or other treatment facility, subject to all of the following:

- Mileage is measured from the Covered Person's Primary Residence to the facility where the follow-up treatment is provided.
- The follow-up treatment must be prescribed by a Physician and not available within 50 miles of the Covered Person's Primary Residence.
- You must submit Proof that the follow-up treatment was provided.
- We will not pay the Transportation Benefit if the Ground Ambulance Benefit or Air Ambulance Benefit is payable for the trip.
- We will pay the Transportation Benefit no more than:
 - 1 time per Covered Person, per Accident; and
 - 2 times per Covered Person, per calendar year.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (Continued)

THERAPY SERVICES BENEFIT

If a Covered Person sustains an Injury and receives Therapy Services, We will pay the Therapy Services Benefit shown in the Schedule that applies to the type of Therapy Service received, subject to all of the following:

- Therapy Services must:
 - begin within 180 days after the Accident occurs and be provided within 365 days after the Accident occurs;
 - be provided on an outpatient basis;
 - be prescribed by a Physician; and
 - be provided by a practitioner licensed to provide the type of Therapy Services provided and operating within the scope of such license.
- We will pay the Therapy Services Benefit for Therapy Services received no more than 10 times per Covered Person, per Accident.
- We will not pay a Therapy Services Benefit for Therapy Services received by the Covered Person on the same day for which the Inpatient Rehabilitation Benefit is payable.

Therapy Services means any of the following:

- cognitive behavioral therapy;
- occupational therapy;
- physical therapy;
- respiratory therapy;
- speech therapy;
- vocational therapy;
- acupuncture; or
- chiropractic therapy.

PAIN MANAGEMENT BENEFIT (FOR EPIDURAL ANESTHESIA)

If a Covered Person sustains an Injury and receives epidural anesthesia to manage the pain from the Injury, We will pay the Pain Management Benefit shown in the Schedule, subject to all of the following:

- The epidural anesthesia must be administered within 180 days after the Accident occurs.
- Epidural anesthesia to manage the pain from the Injury must be prescribed by a Physician.
- We will pay the Pain Management Benefit no more than 1 time per Covered Person, per Accident.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (Continued)

PROSTHETIC DEVICE BENEFIT

If a Covered Person sustains an Injury that is a loss of a limb, hand, foot or sight in an eye and receives a Prosthetic Device as a result of the loss, We will pay the Prosthetic Device Benefit, shown in the Schedule, that is applicable to the number of Prosthetic Devices the Covered Person receives, subject to all of the following:

- The Prosthetic Device must be received within 365 days after the Accident occurs.
- No benefit will be payable for replacement of a Prosthetic Device.
- No benefit will be payable for more than one Prosthetic Device for the same body part.
- We will not pay the Prosthetic Device Benefit for a joint replacement such as an artificial hip or knee.
- We will pay the Prosthetic Device Benefit no more than 1 time per Covered Person, per Accident.

Prosthetic Device means an artificial device that replaces a missing body part. The term Prosthetic Device does not include hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic prostheses such as wigs.

MEDICAL APPLIANCE BENEFIT

If a Covered Person sustains an Injury for which a Physician prescribes the use of a Medical Appliance as an aid in personal locomotion or mobility, We will pay the Medical Appliance Benefit, shown in the Schedule, for the type of Medical Appliance that the Physician prescribes, subject to all of the following:

- The use of such Medical Appliance must begin within 365 days after the Accident occurs.
- The amount We will pay for all Medical Appliances combined, per Covered Person, per Accident, will be no more than the Medical Appliances Benefit Limit shown in the Schedule.
- We will not pay the Medical Appliance Benefit for the replacement of a Medical Appliance.

Medical Appliance means any of the following:

- brace for the neck, back or leg;
- cane;
- crutches;
- walker;
- walking boot that extends above the ankle;
- wheelchair or motorized scooter for medical purposes; and
- any other medical device used for mobility.

MODIFICATION BENEFIT

If a Covered Person sustains an Injury for which We paid a Dismemberment, Functional Loss or Paralysis Benefit under this Certificate, We will pay the Modification Benefit shown in the Schedule for modifications made to the Covered Person's Primary Residence or vehicle, subject to all of the following:

- A Physician must certify that because of the Injury, the modification is necessary to help enable the Covered Person to live in his or her Primary Residence or travel in his or her primary vehicle.
- The modification must be made within 365 days after the Accident occurs.
- We will pay the Modification Benefit no more than 1 time per Covered Person, per Accident.

BLOOD / PLASMA / PLATELETS BENEFIT

If a Covered Person sustains an Injury for which the Covered Person receives a transfusion of blood, plasma or platelets, We will pay the Blood/Plasma/Platelets Benefit shown in the Schedule, subject to all of the following:

- The blood, plasma or platelets must be prescribed by a Physician on an emergency basis or provided while the Covered Person is undergoing Surgery and must be administered within 180 days after the Accident.
- We will pay the Blood/Plasma/Platelets Benefit no more than 1 time per Covered Person, per Accident.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (Continued)

SURGERY BENEFITS

If a Covered Person undergoes Covered Surgery to treat an Injury, while Confined or in an Outpatient Surgery Facility, We will pay the applicable benefit shown in the Schedule under Surgery Benefits, for the type of Covered Surgery the Covered Person undergoes, subject to all of the following:

- The Covered Person must be treated by a Physician for the Injury within 180 days after the Accident occurs.
- The Covered Surgery must be performed by a Physician within 365 days after the Accident occurs.
- If the Covered Surgery is performed with repair, We will pay the Surgical Repair Benefit shown in the Schedule for the applicable procedure.
- If the Covered Surgery performed is Exploratory Surgery, We will pay the Exploratory Surgery Benefit shown in the Schedule.
- If as a result of the same Accident, the Covered Person has more than one Covered Surgery performed at the same time, We will only pay a benefit for one Covered Surgery, which will be the Covered Surgery with the highest benefit amount.
- If as a result of the same Accident, the Covered Person has a Covered Surgery and an Other Outpatient Surgery performed at the same time, We will only pay one benefit which will be the benefit that pays the higher amount.
- We will pay Surgery Benefits no more than 1 time per Covered Person, per Accident.

Exploratory Surgery means a Covered Surgery performed without surgical repair. For Surgery to treat torn cartilage in the knee, if cartilage is shaved or trimmed from the knee, the Surgery will be considered Exploratory Surgery and not a Surgery with repair.

OTHER OUTPATIENT SURGERY BENEFIT

If a Covered Person sustains an Injury and undergoes Other Outpatient Surgery to treat the Injury in an Outpatient Surgery Facility, We will pay the Other Outpatient Surgery Benefit shown in the Schedule, subject to all of the following:

- The Covered Person must be treated by a Physician for the Injury within 180 days after the Accident occurs.
- The Surgery must be performed by a Physician in an Outpatient Surgery Facility within 365 days after the Accident occurs.
- If as a result of the same Accident, the Covered Person has a Covered Surgery and an Other Outpatient Surgery performed at the same time, We will only pay one benefit which will be the benefit that pays the higher amount.
- We will pay the Other Outpatient Surgery Benefit no more than 1 time per Covered Person, per Accident.

HOSPITAL BENEFITS

Payment of the Hospital Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

ACCIDENT – HOSPITAL ADMISSION BENEFITS

Admission Benefit

If a Covered Person is admitted to a Hospital for treatment of an Injury, We will pay the Admission Benefit shown in the Schedule, for the day of admission, subject to all of the following:

- The admission must occur within 180 days after the Accident occurs.
- The Admission Benefit is not payable for Emergency Room treatment, outpatient treatment, or a stay of less than 20 hours in an observation area.
- We will only pay the Admission Benefit for a Covered Person for one Hospital admission at a time, even if the admission is caused by more than one Accident and/or Injury.
- We will pay the Admission Benefit no more than 1 time per Covered Person, per Accident.

ICU Supplemental Admission Benefit

If a Covered Person, upon initial admission to a Hospital for treatment of an Injury, is admitted to an ICU, We will pay the ICU Supplemental Admission Benefit shown in the Schedule, in addition to the Admission Benefit, if the admission meets the requirements for payment of the Admission Benefit, subject to both of the following additional requirements:

- The admission must occur within 180 days after the Accident occurs.
- If the Covered Person moves to an ICU after initial admission to a Hospital, We will not pay the ICU Supplemental Admission Benefit.

ACCIDENT - HOSPITAL CONFINEMENT BENEFITS

Confinement Benefit

If a Covered Person is Confined in a Hospital for treatment of an Injury, We will pay the Confinement Benefit shown in the Schedule for each day, after the day of admission to the Hospital, the Covered Person is Confined in the Hospital, subject to all of the following:

- The initial Confinement must begin within 180 days after the Accident occurs.
- The Confinement Benefit is payable for up to 15 days per Covered Person, per Accident, and may be used over a two-year period following the date of the Accident.
- We will only pay the Confinement Benefit for a Covered Person for one Hospital Confinement at a time, even if the Confinement is caused by more than one Accident and/or Injury.
- We will only pay one Confinement Benefit per day.

ICU Supplemental Confinement Benefit

If a Covered Person is Confined in a Hospital for treatment of an Injury, We will pay the ICU Supplemental Confinement Benefit shown in the Schedule in addition to the Confinement Benefit, for each day the Covered Person is Confined in an Intensive Care Unit and meets the requirements for payment of the Confinement Benefit, subject to both of the following additional requirements:

- Confinement in the Intensive Care Unit must begin within 180 days after the Accident occurs.
- The ICU Supplemental Confinement Benefit is payable for up to 15 days per Covered Person, per Accident.

HOSPITAL BENEFITS (Continued)

INPATIENT REHABILITATION BENEFIT

If a Covered Person is transferred to a Rehabilitation Facility immediately after a period of Confinement for treatment of an Injury for which We paid an Admission Benefit or Confinement Benefit, We will pay the Inpatient Rehabilitation Benefit shown in the Schedule, subject to all of the following:

- We will pay the Inpatient Rehabilitation Benefit for each day of the Covered Person's continuous stay as a resident inpatient in a Rehabilitation Facility, up to a maximum stay of 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
- The Covered Person's inpatient stay in the Rehabilitation Facility must start within 365 days after the Accident.
- After the Covered Person is discharged from the Rehabilitation Facility, We will not pay the Inpatient Rehabilitation Benefit for a subsequent admission to a Rehabilitation Facility for treatment of the same Injury for which We already paid the Inpatient Rehabilitation Benefit.
- We will not pay the Inpatient Rehabilitation Benefit for any day for which We paid a Confinement Benefit.

OTHER BENEFITS

Payment of the Other Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

HEALTH SCREENING BENEFIT

If a Covered Person takes one of the screening/prevention measures listed below while insured under this Certificate, upon submission of Proof, We will pay the Health Screening Benefit shown in the Schedule for the day that the measure is taken, subject to all of the following:

- We will only pay the Health Screening Benefit 1 time per Covered Person, per calendar year.
- We will not pay a Health Screening Benefit for a screening/prevention measure if benefits are paid or payable for that same screening/prevention measure under another section of this Certificate.

The screening/prevention measures for which a Health Screening Benefit may be paid are:

- routine health check-up exam
- biopsies for cancer
- blood chemistry panel
- blood test to determine total cholesterol
- blood test to determine triglycerides
- bone marrow testing
- breast MRI
- breast ultrasound
- breast sonogram
- cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- cancer antigen 125 blood test for ovarian cancer (CA 125)
- carcinoembryonic antigen blood test for colon cancer (CEA)
- carotid doppler
- chest x-rays
- clinical testicular exam
- colonoscopy
- complete blood count (CBC)
- dental exam
- digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screening for peripheral vascular disease
- echocardiogram
- electrocardiogram (EKG)
- electroencephalogram (EEG)
- endoscopy
- eye exam
- fasting blood glucose test
- fasting plasma glucose test
- flexible sigmoidoscopy
- hearing test
- hemocult stool specimen
- hemoglobin A1C
- human papillomavirus (HPV) vaccination
- immunization
- lipid panel

OTHER BENEFITS (Continued)

- mammogram
- oral cancer screening
- pap smears or thin prep pap test
- prostate-specific antigen (PSA) test
- serum cholesterol test to determine LDL and HDL levels
- serum protein electrophoresis
- skin cancer biopsy
- skin cancer screening
- skin exam
- stress test on bicycle or treadmill
- successful completion of smoking cessation program
- tests for sexually transmitted infections (STIs)
- thermography
- two hour post-load plasma glucose test
- ultrasounds for cancer detection
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
- virtual colonoscopy
- coronavirus testing

LODGING BENEFIT

If a Covered Person is Confined in a Hospital for treatment of an Injury, and a companion who accompanies the Covered Person while the Covered Person is so Confined stays in a Lodging for which a charge is made, We will pay the Lodging Benefit shown in the Schedule subject to all of the following:

- We will pay the Lodging Benefit for each day the companion stays in a Lodging while the Covered Person is Confined in a Hospital for treatment of an Injury.
- We will pay the Lodging Benefit for up to 15 days per Covered Person per calendar year.
- The Lodging Benefit is only payable for a day for which We are paying a Hospital Admission or Confinement Benefit for a Covered Person.
- You must submit Proof that the companion incurred an expense for staying at a Lodging for each day of the stay.

Lodging means an establishment licensed under the laws where it is located, such as a motel, hotel, or other facility that provides sleeping accommodations to the general public in exchange for a fee and is located at least 50 miles from the Covered Person's Primary Residence.

EXCLUSIONS

We will not pay benefits for any loss for a Covered Person caused or contributed to by:

- the Covered Person being under the influence of any narcotic, unless administered on the advice of a Physician;
- the Covered Person being intoxicated;
- the Covered Person's suicide, attempted suicide, or intentionally self-inflicted Injury;
- war, or act of war (whether declared or undeclared);
- the Covered Person's participation in a felony, riot or insurrection;
- the Covered Person's engagement in an illegal occupation;
- 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;
- the Covered Person's mental or emotional disorder, alcoholism or drug addiction;
- the Covered Person's service in the armed forces or any auxiliary unit of the armed forces; or
- aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline.

In addition, We will not pay benefits for services or treatment received outside of the United States, Canada or Mexico.

WHEN INSURANCE ENDS

Please Note: If insurance ends under this section, in certain cases it may be continued as stated in the Continuation of Insurance section of this Certificate. Please see that section for details.

Termination of a Covered Person's insurance in accordance with this section, will be without prejudice to an existing claim.

DATE YOUR INSURANCE ENDS

Your insurance under this Certificate will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for Your insurance;
- the date You cease to be a Member.

CLAIMS

NOTICE OF CLAIM

You must give Us notice of a claim under this Certificate by Writing to Us or calling Us at the toll free number shown on the face page of this Certificate within 30 days of the date of the loss. However, failure to give notice within the 30 days will not reduce or invalidate a claim if it was not reasonably possible to give such notice and such notice is provided as soon as reasonably possible.

CLAIM FORM

When We receive notice of a claim under this Certificate, We will provide You or the claimant (for a death claim) with a claim form. If We do not provide the claim form within 15 days from the date We received notice of claim, Our claim form requirements will be satisfied if We are provided with the required Proof in support of the claim.

PROOF OF LOSS

Proof must be provided to Us not later than 120 days after the date of the loss. If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

PAYMENT OF BENEFITS

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits within 60 days of Our receipt of Proof, subject to the terms and provisions of this Certificate and the Group Policy.

Unless You have assigned this insurance, all benefits to be paid under this Certificate will be paid to You, except as follows:

- If You are not alive to receive benefits that are payable to You, We will pay any benefits in accordance with the provision below titled Your Beneficiary.
- If You are living when benefits are to be paid to You, but You are not legally competent to claim or receive the benefits, We may pay up to \$10,000 to anyone related to You by blood or marriage who We believe is entitled to payment of the benefits. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay. Any remaining benefits will be paid to Your legal representative.

If benefits have been assigned, We will pay benefits in accordance with the Assignment provision of the General Provisions section.

YOUR BENEFICIARY

A beneficiary may be named by You to receive any benefit that becomes payable to You under this Certificate that You are not alive to receive.

You may request to change Your beneficiary at any time. A beneficiary change request must be made to Us in Writing. Once the request is recorded, the change will take effect as of the date You sign the request, whether or not You are living when We receive the request. The change will be subject to any legal restrictions. It will also be subject to any payment We made or action We took before We recorded the change. If You designated two or more beneficiaries and their shares are not specified, they will share the benefit payable equally.

If there is no beneficiary designated or no surviving beneficiary at Your death, We will determine the beneficiary according to the following order:

1. Your spouse, if alive;
2. Your child(ren), if there is no surviving spouse;
3. Your parent(s), if there is no surviving child;
4. Your sibling(s), if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

CLAIMS (Continued)

Instead of making payment in the order above, We may pay Your estate. Any payment made in good faith will discharge Our liability to the extent of such payment. If a beneficiary or a Payee is a minor or incompetent to receive payment, We will pay that person's guardian.

AUTHORIZATIONS

We may require that You provide authorization for Us to obtain medical information and any other information pertinent to Your claim.

EXAMINATIONS

During the pendency of a claim, at Our expense and as often as is reasonably necessary, We may require a Covered Person to have an independent examination by a Physician of Our choice.

During the pendency of a claim, at Our expense and as often as is reasonably necessary, We may have Our representatives conduct telephone or in-person interviews with You regarding Your claim.

AUTOPSY

At Our expense, We have the right to make a reasonable request for an autopsy and/or exhumation where permitted by law. Any such request will set forth the reasons We are requesting the autopsy or exhumation.

TIME LIMIT ON LEGAL ACTIONS

A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends three years after the date such Proof is required to be filed.

GENERAL PROVISIONS

ENTIRE CONTRACT

Your insurance is provided under a contract of group insurance with the Group Policyholder. The entire contract with the Group Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the Certificate(s);
- the Group Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

MISSTATEMENTS

If Your age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or Contributions.

ASSIGNMENT

The benefits under the Group Policy are not assignable prior to a claim, except as required by law.

CONFORMITY WITH LAW

If the terms and provision of this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

STANDARD OF TIME

All insurance becomes effective and terminates at 12:01 A.M. Eastern Standard Time, or at 12:01 A.M. Eastern Daylight Time if Daylight Savings Time is then being observed.

ACCESS TO DISCOUNTS FOR SERVICES

You will receive access to discounts for certain services, where available.