CISION US, INC

Benefits that may help cover costs such as those not covered by your medical plan.

Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

| Benefit Type | Low Plan Benefits | High Plan Benefits | | |
|---|---|---|--|--|
| Accidental Injury Benefits | | | | |
| Fracture Benefit* | \$75 – \$6,000 depending on the fracture and type of repair | \$100 – \$8,000 depending on the fracture and type of repair | | |
| Dislocation Benefit* | \$75 – \$6,000 depending on the dislocation and type of repair | \$100 – \$8,000 depending on the dislocation and type of repair | | |
| Second or Third Degree Burn Benefit | \$75 – \$7,500 depending on the degree of the burn and the percentage of burnt skin | \$100 – \$10,000 depending on the degree of the burn and the percentage of burnt skin | | |
| Concussion Benefit | \$200 | \$400 | | |
| Coma Benefit | \$5,000 | \$10,000 | | |
| Laceration Benefit | \$35 – \$300 depending on the length of the cut and type of repair | \$50 – \$400 depending on the length of the cut and type of repair | | |
| Broken Tooth Benefit | Crown \$150 Filling \$25 Extraction \$75 | Crown \$200 Filling \$50 Extraction \$100 | | |
| Eye Injury Benefit | \$250 | \$300 | | |
| Accident - Medical Services & Treatment Ben | efits | | | |
| Ambulance Benefit | Ground: \$300 Air: \$1,000 | Ground: \$300 Air: \$1,000 | | |
| Emergency Care Benefit | \$50 – \$100 depending on location of care | \$75 – \$150 depending on location of care | | |
| Non-Emergency Initial Care Benefit | \$50 | \$75 | | |
| Physician Follow-Up Visit Benefit | \$50 | \$75 | | |
| Therapy Services Benefit (including physical therapy) | \$25 | \$35 | | |
| Medical Testing Benefit | \$125 | X-rays: \$200 All other tests: \$150 | | |
| Medical Appliance Benefit | \$50 – \$500 depending on the appliance | \$100 – \$1,000 depending on the appliance | | |
| Transportation Benefit | \$300 | \$300 | | |
| | | | | |



| Pain Management Benefit | # F0 | ф. 7 .г |
|--|---|--|
| (for epidural anesthesia) | \$50 | \$75 |
| | One device: \$500 | One device: \$750 |
| Prosthetic Device Benefit | More than one device: \$1,000 | More than one device: \$1,500 |
| Modification Benefit | \$750 | \$1,000 |
| Blood/Plasma/Platelets Benefit | \$350 | \$400 |
| Surgical Repair Benefit | \$125-\$1,250 depending on the type of surgery | \$200-\$2,000 depending on the type of surgery |
| Exploratory Surgery Benefit | \$125 | \$200 |
| Other Outpatient Surgery Benefit | \$250 | \$300 |
| Hospital Benefits | | |
| Admission Benefit | \$750 for the day of admission | \$1,000 for the day of admission |
| ICU Supplemental Admission Benefit | \$1,000 for the day of admission | \$2,000 for the day of admission |
| Confinement Benefit | C450 manufacture | #000 d |
| (paid for up to 15 days per accident) | \$150 per day | \$200 per day |
| ICU Supplemental Confinement Benefit | (**COO) | (*400 |
| (paid for up to 15 days per accident) | \$200 per day | \$400 per day |
| Inpatient Rehabilitation Benefit | | |
| (paid for up to 15 days per accident) | \$100 per day | \$200 per day |
| Paralysis | | |
| Paralysis | \$7,500 - \$15,000 depending on the number of limbs | \$10,000 - \$20,000 depending on the number of limbs |
| Other Benefits | | |
| Health Screening Benefit* - | \$50 | \$50 |
| benefit provided for certain screening/prevention tests | Paid 1 time per calendar year | Paid 1 time per calendar year |
| Lodging Benefit* - for a companion of a covered person who is hospitalized | \$100 per day | \$200 per day |

Organized Sports Activity Injury Benefit Rider

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

* Notes Regarding Certain Benefits

- Fracture and Dislocation benefits Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Hospital Benefits Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
- Accidental Death Benefit The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits
 and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Lodging Benefit The lodging must be at least 50 miles from the insured's primary residence.
- Organized Sports Activity Injury Benefit Rider The rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.
- Health Screening Benefit The Health Screening Benefit is not available in all states. In some states, the list of eligible screening/prevention measures may be limited, and the benefit may be referred to as the Accident Prevention Screening Benefit.



Benefit Payment Example

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

| Covered Event ³ | Benefit Amount |
|--|----------------|
| Ambulance (ground) | \$300 |
| Emergency Care | \$150 |
| Physician Follow-Up (\$75 x 2) | \$150 |
| Medical Testing | \$350 |
| Concussion | \$400 |
| Broken Tooth (repaired by crown) | \$200 |
| Benefits paid by MetLife Group Accident Insurance | \$1,550 |

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

Questions & Answers

- Q. Who is eligible to enroll for this accident coverage?
- A. You are eligible to enroll yourself and your eligible family members!⁴ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.
- Q. How do I pay for my accident coverage?
- A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.
- Q. What happens if my employment status changes? Can I take my coverage with me?
- A. Yes, you can take your coverage with you.⁵ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.
- Q. Who do I call for assistance?
- A. Please call MetLife directly at 1-800- Get-MET8, Monday through Friday from 8:00 a.m. to 8 p.m., EST and talk with a benefits consultant.

Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

| Accident Insurance | Monthly Cost to You | |
|------------------------------|---------------------|-----------|
| Coverage Options | Low Plan | High Plan |
| Employee | \$5.63 | \$9.38 |
| Employee & Spouse | \$11.02 | \$18.38 |
| Employee & Child(ren) | \$12.22 | \$20.37 |
| Employee & Spouse/Child(ren) | \$15.29 | \$25.49 |



- ¹ Covered services/treatments must be the result of a covered accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
- ² Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.
- ³ Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.
- ⁴ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Children may be covered to age 26. There are benefit reductions that may begin at age 65.
- ⁵ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

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

