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

NortonLifeLock Inc.

Accident Insurance Benefits

With MetLife, you'll have a 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	Plan Benefits
Accidental Injury Benefits	
Fracture Benefit*	\$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$250
Coma Benefit	\$7,500
Laceration Benefit	\$50 – \$400 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$200 Filling \$25 Extraction \$100
Eye Injury Benefit	\$300
Accident - Medical Services & Treatment Benefits	
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$100 depending on location of care
Non-Emergency Initial Care Benefit	\$75
Physician Follow-Up Visit Benefit	\$50
Therapy Services Benefit	\$35
(including physical therapy)	400
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$300
Pain Management Benefit	075
(for epidural anesthesia)	\$75
Prosthetic Device Benefit	One device: \$750
	More than one device: \$1,500
Modification Benefit	\$1,000



Blood/Plasma/Platelets Benefit	\$400	
Surgical Repair Benefit	\$150-\$1,500 depending on the type of surgery	
Exploratory Surgery Benefit	\$150	
Other Outpatient Surgery Benefit	\$300	
Hospital Benefits		
Admission Benefit	\$1,000 for the day of admission	
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	
Confinement Benefit	0400 man days	
(paid for up to 365 days per accident)	\$100 per day	
ICU Supplemental Confinement Benefit	\$200 per day	
(paid for up to 365 days per accident)		
Inpatient Rehabilitation Benefit	\$150 per day	
(paid for up to 15 days per accident)	4100 per day	
Paralysis		
Paralysis	\$10,000 - \$20,000 depending on the number of limbs	
Other Benefits		
Health Screening Benefit* -	\$50	
benefit provided for certain screening/prevention tests	Paid 1 time per calendar year	
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day	
Waiver of Premium Benefit – if you become disabled, premiums will be waived if requirements for waiver are met	Not Included	

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.
- 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.
- Lodging Benefit The lodging must be at least 50 miles from the insured's primary residence.



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 2 follow-up treatments, 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	\$100
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$150
Concussion	\$250
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,150

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. 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 (1-800-438-6388) 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	Plan
Employee	\$6.43
Employee & Spouse	\$12.85
Employee & Child(ren)	\$15.64
Employee & Spouse/Child(ren)	\$18.41

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.

³ Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

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.



² Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

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.

¹⁵ 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.]