

Accident Insurance Plan Summary

ACCIDENT INSURANCE BENEFITS

With MetLife, you'll have a comprehensive plan which provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

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

		HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY				
Basic Accidental Death	N/A	\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier		\$150,000	\$75,000	\$30,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY				
Basic Dismemberment/Functional Loss Benefit				
Loss of one finger or one toe	N/A	\$1,000	\$1,000	\$1,000
Loss of one arm or one leg		\$15,000	\$15,000	\$15,000
Loss of one hand or one foot		\$15,000	\$15,000	\$15,000
Loss of two or more fingers or toes		\$2,000	\$2,000	\$2,000
Loss of sight in one eye		\$15,000	\$15,000	\$15,000
Loss of hearing in one ear		\$15,000	\$15,000	\$15,000
Catastrophic Dismemberment/Functional Loss Benefit				
Loss of both arms or both legs or one arm and one leg	N/A	\$40,000	\$40,000	\$40,000
Loss of both hands or both feet or one hand and one foot		\$40,000	\$40,000	\$40,000
Loss of sight in both eyes		\$40,000	\$40,000	\$40,000
Loss of hearing in both ears		\$40,000	\$40,000	\$40,000
Loss of ability to speak		\$40,000	\$40,000	\$40,000
Paralysis Benefit				
Two Limbs (paraplegia or hemiplegia)	N/A	\$20,000	\$20,000	\$20,000
Four Limbs (quadriplegia)		\$40,000	\$40,000	\$40,000

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENTAL INJURY BENEFITS CATEGORY		
Fracture Benefit (Closed)		
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$5,000

Skull Fracture - non depressed (except bones of face or nose)		\$2,500
Lower Jaw, Mandible (except alveolar process)		\$1,000
Upper Jaw, Maxilla (except alveolar process)		\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,000
Rib		\$1,000
Finger, Toe		\$200
Vertebrae, Body of (excluding vertebral processes)		\$2,000
Vertebral Process		\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,000
Hip, Thigh (femur)		\$5,000
Coccyx		\$750
Leg (tibia and/or fibula)		\$2,000
Kneecap (patella)		\$750
Ankle		\$750
Foot (except toes)		\$750
Chip Fracture		25%
Fracture Benefit (Open)		
Face or Nose (except mandible or maxilla)		\$4,000
Skull Fracture - depressed (except bones of face or nose)		\$10,000
Skull Fracture - non depressed (except bones of face or nose)		\$5,000
Lower Jaw, Mandible (except alveolar process)		\$2,000
Upper Jaw, Maxilla (except alveolar process)		\$4,000
Upper Arm between Elbow and Shoulder (humerus)		\$4,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$2,000
Rib		\$2,000
Finger, Toe		\$400
Vertebrae, Body of (excluding vertebral processes)		\$4,000
Vertebral Process		\$1,500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$4,000
Hip, Thigh (femur)		\$10,000
Coccyx		\$1,500
Leg (tibia and/or fibula)		\$4,000
Kneecap (patella)		\$1,500
Ankle		\$1,500

Foot (except toes)		\$1,500
Chip Fracture		25%
Dislocation Benefit (Closed)		
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$1,000
Collarbone (sternoclavicular)		\$1,500
Collarbone (acromioclavicular and separation)		\$1,000
Shoulder (glenohumeral)		\$1,000
Rib		\$1,000
Elbow		\$1,000
Wrist		\$1,000
Bone or Bones of the Hand (other than fingers)		\$1,000
Hip		\$5,000
Knee (except patella)		\$2,500
Ankle - Bone or bones of the Foot (other than toes)		\$1,000
One Toe or Finger		\$200
Partial Dislocation		25%
Dislocation Benefit (Open)		
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$2,000
Collarbone (sternoclavicular)		\$3,000
Collarbone (acromioclavicular and separation)		\$2,000
Shoulder (glenohumeral)		\$2,000
Rib		\$2,000
Elbow		\$2,000
Wrist		\$2,000
Bone or Bones of the Hand (other than fingers)		\$2,000
Hip		\$10,000
Knee (except patella)		\$5,000
Ankle - Bone or bones of the Foot (other than toes)		\$2,000
One Toe or Finger		\$400
Partial Dislocation		25%
Burn Benefit		
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$100
2nd Degree 10-25% surface skin burnt		\$200
2nd Degree 25-35% surface skin burnt		\$750
2nd Degree 35% or more of surface skin burnt		\$1,500
3rd Degree w/ less than 10% of surface skin burnt		\$1,500
3rd Degree 10-25% surface skin burnt		\$2,000
3rd Degree 25-35% surface skin burnt		\$7,500
3rd Degree 35% or more of surface skin burnt		\$15,000
Concussion Benefit		
Concussion	1 time(s) per calendar year	\$500
Coma Benefit		

Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$10,000
Laceration Benefit		
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$75
Repaired by stiches but less than 2 inches long		\$125
Repaired by stiches and 2-6 inches long		\$350
Repaired by stiches and over 6 inches long		\$700
Broken Tooth Benefit		
Crown	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$300
Extraction	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$150
Filling	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$50
Eye Injury Benefit		
Eye Injury	1 time(s) per accident; 2 time(s) per calendar year	\$400

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY		
Ground Ambulance Benefit		
Ground Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$400
Air Ambulance Benefit		
Air Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$1,250
Emergency Care Benefit		
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit)	\$200
Physician's Office		\$100
Urgent Care		\$100
Non-Emergency Initial Care Benefit		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$100
Medical Testing Benefit		
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	1 time(s) per accident; 2 time(s) per calendar year	\$200
Physician Follow-Up Benefit		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$100

Transportation Benefit		
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$400
Therapy Services Benefit		
Cognitive Behavioral Therapy	10 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
Pain Benefit		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$100
Prosthetic Device Benefit		
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000
More than One Device		\$2,000
Medical Appliance Benefit		
Brace		\$150
Cane		\$150
Crutches		\$150
Walker - expected use < 1yr		\$200
Walker - expected use >=1 yr		\$400
Walking Boot		\$150
Wheel chair or motorized scooter - expected use < 1yr		\$300
Wheel chair or motorized scooter - expected use >=1yr		\$1,000
Other medical device used for Mobility		\$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,000
Modification Benefit		
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
Blood/ Plasma/ Platelets Benefit		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$500
Surgery Benefits		
Surgical Repair – Cranial	1 time(s) per accident; 2 time(s) per calendar year	\$2,000
Surgical Repair – Hernia		\$200
Surgical Repair – Ruptured Disc		\$1,500
Surgical Repair – Skin Graft Benefit		50%
Surgical Repair – Torn Cartilage in Knee		\$1,500

Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$200
Other Outpatient Surgery Benefit		
Other Outpatient Surgery Benefit	1 time(s) per accident; 2 time(s) per calendar year	\$400

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

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
OTHER BENEFITS CATEGORY		
Health Screening Benefit	1 time(s) per calendar year	\$75
Lodging Benefit	15 day(s) per calendar year	\$200

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.

BENEFIT PAYMENT EXAMPLE

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room 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)	\$400
Emergency Care	\$200
Physician Follow-Up (\$100 x2)	\$200
Medical Testing	\$200
Concussion	\$500
Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$1,500

INSURANCE RATES

MetLife offers competitive group rates and convenient 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		
Employee		\$18.11
Employee & Spouse		\$35.64
Employee & Child(ren)		\$40.10
Employee & Spouse/Child(ren)		\$49.73

QUESTIONS & ANSWERS

Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members.⁴ You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

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.

Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

¹ Covered services/treatments must be the result of a covered accident 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.

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.

