



Accident Insurance

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

Accident Insurance Benefits: Capgemini North America / Government Solutions

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 the covered events/services².

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

| BENEFIT | BENEFIT LIMITS | LOW PLAN | | | HIGH PLAN | | |
|--------------------------------------|----------------|----------|----------|----------|-----------|----------|----------|
| | | EMPLOYEE | SPOUSE | CHILD | EMPLOYEE | SPOUSE | CHILD |
| PARALYSIS BENEFIT CATEGORY | | | | | | | |
| Two Limbs (paraplegia or hemiplegia) | N/A | \$10,000 | \$10,000 | \$10,000 | \$20,000 | \$20,000 | \$20,000 |
| Four Limbs (quadriplegia) | | \$20,000 | \$20,000 | \$20,000 | \$40,000 | \$40,000 | \$40,000 |

| BENEFIT | BENEFIT LIMITS | LOW PLAN | HIGH PLAN |
|---|--|---------------------|---------------------|
| | | ALL COVERED PERSONS | 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. | \$1,000 | \$2,000 |
| Skull Fracture - depressed (except bones of face or nose) | | \$4,000 | \$5,000 |
| Skull Fracture - non depressed (except bones of face or nose) | | \$2,000 | \$2,500 |
| Lower Jaw, Mandible (except alveolar process) | | \$1,000 | \$2,000 |
| Upper Jaw, Maxilla (except alveolar process) | | \$1,000 | \$2,000 |
| Upper Arm between Elbow and Shoulder (humerus) | | \$1,000 | \$2,000 |
| Shoulder Blade (scapula), Collarbone (clavicle, sternum) | | \$1,000 | \$2,000 |
| Forearm (radius and/or ulna), Hand, Wrist (except fingers) | | \$1,250 | \$2,000 |
| Rib | | \$750 | \$1,000 |
| Finger, Toe | | \$200 | \$350 |
| Vertebrae, Body of (excluding vertebral processes) | | \$3,000 | \$4,000 |
| Vertebral Process | | \$1,000 | \$2,000 |
| Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) | | \$2,000 | \$3,500 |
| Hip, Thigh (femur) | | \$4,000 | \$5,000 |
| Coccyx | | \$500 | \$750 |



Accident Insurance

| | | | | |
|---|--|--|----------|---------|
| Leg (tibia and/or fibula) | | \$3,000 | \$4,000 | |
| Kneecap (patella) | | \$500 | \$750 | |
| Ankle | | \$1,000 | \$2,000 | |
| Foot (except toes) | | \$500 | \$750 | |
| Chip Fracture | | 25% | 25% | |
| Fracture Benefit (Open) | | | | |
| Face or Nose (except mandible or maxilla) | | \$2,000 | \$4,000 | |
| Skull Fracture - depressed (except bones of face or nose) | | \$8,000 | \$10,000 | |
| Skull Fracture - non depressed (except bones of face or nose) | | \$4,000 | \$5,000 | |
| Lower Jaw, Mandible (except alveolar process) | | \$2,000 | \$4,000 | |
| Upper Jaw, Maxilla (except alveolar process) | | \$2,000 | \$4,000 | |
| Upper Arm between Elbow and Shoulder (humerus) | | \$2,000 | \$4,000 | |
| Shoulder Blade (scapula), Collarbone (clavicle, sternum) | | \$1,500 | \$2,000 | |
| Forearm (radius and/or ulna), Hand, Wrist (except fingers) | | \$2,500 | \$4,000 | |
| Rib | If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit. | \$1,500 | \$2,000 | |
| Finger, Toe | | \$400 | \$700 | |
| Vertebrae, Body of (excluding vertebral processes) | | \$6,000 | \$8,000 | |
| Vertebral Process | | \$2,000 | \$4,000 | |
| Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) | | \$4,000 | \$7,000 | |
| Hip, Thigh (femur) | | \$8,000 | \$10,000 | |
| Coccyx | | \$1,000 | \$1,500 | |
| Leg (tibia and/or fibula) | | \$3,000 | \$4,000 | |
| Kneecap (patella) | | \$1,000 | \$1,500 | |
| Ankle | | \$1,000 | \$1,500 | |
| Foot (except toes) | | \$1,000 | \$1,500 | |
| Chip Fracture | | 25% | 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. | \$750 | \$1,000 |
| Collarbone (sternoclavicular) | \$1,000 | | \$1,500 | |
| Collarbone (acromioclavicular and separation) | \$750 | | \$1,000 | |
| Shoulder (glenohumeral) | \$750 | | \$1,500 | |
| Rib | \$750 | | \$1,000 | |
| Elbow | \$750 | | \$1,000 | |

Accident Insurance

| | | | | |
|---|--|---|----------|-------|
| Wrist | | \$750 | \$1,000 | |
| Bone or Bones of the Hand (other than fingers) | | \$750 | \$1,500 | |
| Hip | | \$4,000 | \$5,000 | |
| Knee (except patella) | | \$2,000 | \$2,500 | |
| Ankle - Bone or bones of the Foot (other than toes) | | \$750 | \$1,500 | |
| One Toe or Finger | | \$150 | \$250 | |
| Partial Dislocation | | 25% | 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. | \$1,500 | \$2,000 | |
| Collarbone (sternoclavicular) | | \$2,000 | \$3,000 | |
| Collarbone (acromioclavicular and separation) | | \$1,500 | \$2,000 | |
| Shoulder (glenohumeral) | | \$1,500 | \$3,000 | |
| Rib | | \$1,500 | \$2,000 | |
| Elbow | | \$1,500 | \$2,000 | |
| Wrist | | \$1,500 | \$2,000 | |
| Bone or Bones of the Hand (other than fingers) | | \$1,500 | \$3,000 | |
| Hip | | \$8,000 | \$10,000 | |
| Knee (except patella) | | \$4,000 | \$5,000 | |
| Ankle - Bone or bones of the Foot (other than toes) | | \$1,500 | \$3,000 | |
| One Toe or Finger | | \$300 | \$500 | |
| Partial Dislocation | | 25% | 25% | |
| Burn Benefit | | | | |
| 2nd Degree w/ less than 10% of surface skin burnt | | 1 time per accident; Unlimited time(s) per calendar year | \$75 | \$100 |
| 2nd Degree 10-25% surface skin burnt | \$150 | | \$200 | |
| 2nd Degree 25-35% surface skin burnt | \$500 | | \$750 | |
| 2nd Degree 35% or more of surface skin burnt | \$1,000 | | \$1,500 | |
| 3rd Degree w/ less than 10% of surface skin burnt | \$1,000 | | \$1,500 | |
| 3rd Degree 10-25% surface skin burnt | \$2,500 | | \$5,000 | |
| 3rd Degree 25-35% surface skin burnt | \$5,000 | | \$10,000 | |
| 3rd Degree 35% or more of surface skin burnt | \$10,000 | | \$20,000 | |
| Concussion Benefit | | | | |
| Concussion | 1 time(s) per calendar year | \$250 | \$500 | |
| Coma Benefit | | | | |
| Coma | 1 time(s) per accident; Unlimited time(s) per calendar year | \$7,500 | \$10,000 | |

Accident Insurance

| Laceration Benefit | | | |
|---|---|-------|-------|
| Without repair by stiches | 1 time per accident; Unlimited time(s) per calendar year | \$50 | \$75 |
| Repaired by stiches but less than 2 inches long | | \$75 | \$125 |
| Repaired by stiches and 2-6 inches long | | \$200 | \$350 |
| Repaired by stiches and over 6 inches long | | \$400 | \$700 |
| Broken Tooth Benefit | | | |
| Crown | 1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures) | \$200 | \$300 |
| Extraction | 1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures) | \$100 | \$150 |
| Filling | 1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures) | \$25 | \$50 |
| Eye Injury Benefit | | | |
| Eye Injury | 1 time(s) per accident; Unlimited time(s) per calendar year | \$125 | \$275 |

| | | LOW PLAN | HIGH PLAN |
|--|---|---------------------|---------------------|
| BENEFIT | BENEFIT LIMITS | ALL COVERED PERSONS | ALL COVERED PERSONS |
| MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY | | | |
| Ground Ambulance Benefit | | | |
| Ground Ambulance | 1 time(s) per accident; Unlimited time(s) per calendar year | \$300 | \$400 |
| Air Ambulance Benefit | | | |
| Air Ambulance | 1 time(s) per accident; Unlimited time(s) per calendar year | \$1,000 | \$1,250 |
| Emergency Care Benefit | | | |
| Emergency Room | 1 time per accident (combined with Non-Emergency Initial Care Benefit) | \$150 | \$250 |
| Physician's Office | | \$100 | \$125 |
| Urgent Care | | \$150 | \$250 |
| Non-Emergency Initial Care Benefit | | | |
| Non-Emergency Initial Care | 1 time per accident (combined with Emergency Care Benefit) | \$50 | \$100 |

Accident Insurance

| Medical Testing Benefit | | | |
|--|---|---------|---------|
| Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG) | 2 time(s) per accident; Unlimited time(s) per calendar year | \$150 | \$200 |
| Physician Follow-Up Benefit | | | |
| Physician Follow-Up Visit | 6 time(s) per accident; Unlimited time(s) per calendar year | \$75 | \$125 |
| Transportation Benefit | | | |
| Transportation | 1 time(s) per accident; Unlimited time(s) per calendar year | \$300 | \$400 |
| Therapy Services Benefit | | | |
| Acupuncture | 10 time(s) per accident; Unlimited time(s) per calendar year | \$35 | \$50 |
| Chiropractic Therapy | | \$35 | \$50 |
| Cognitive Behavioral Therapy | | \$35 | \$50 |
| Occupational Therapy | | \$35 | \$50 |
| Physical Therapy | | \$35 | \$50 |
| Respiratory therapy | | \$35 | \$50 |
| Speech Therapy | | \$35 | \$50 |
| Vocational Therapy | | \$35 | \$50 |
| Pain Benefit | | | |
| Pain Management (for Epidural Anesthesia) | 1 time(s) per accident; Unlimited time(s) per calendar year | \$75 | \$100 |
| Prosthetic Device Benefit | | | |
| One Device Only | 1 time(s) per accident; Unlimited time(s) per calendar year | \$1,000 | \$1,500 |
| More than One Device | | \$1,500 | \$2,000 |
| Medical Appliance Benefit | | | |
| Brace | | \$75 | \$150 |
| Cane | | \$75 | \$150 |
| Crutches | | \$75 | \$150 |
| Walker - expected use < 1yr | | \$150 | \$200 |
| Walker - expected use >=1 yr | | \$300 | \$400 |
| Walking Boot | | \$75 | \$150 |
| Wheel chair or motorized scooter - expected use < 1yr | | \$200 | \$300 |
| Wheel chair or motorized scooter - expected use >=1yr | | \$750 | \$1,000 |
| Other medical device used for Mobility | | \$75 | \$150 |
| Medical Appliance Benefit Limit (for all appliances combined per accident) | | \$750 | \$1,000 |

Accident Insurance

| Modification Benefit | | | |
|---|--|---------|---------|
| Modification | 1 time(s) per accident; Unlimited time(s) per calendar year | \$1,000 | \$1,500 |
| Blood/ Plasma/ Platelets Benefit | | | |
| Blood/Plasma/Platelets | 1 time(s) per accident; Unlimited time(s) per calendar year | \$200 | \$250 |
| Surgery Benefits | | | |
| Surgical Repair – Cranial | 1 time(s) per accident; Unlimited time(s) per calendar year | \$1,500 | \$2,000 |
| Surgical Repair – Hernia | | \$500 | \$1,000 |
| Surgical Repair – Ruptured Disc | | \$750 | \$1,500 |
| Surgical Repair – Skin Graft (% of Burn Benefit) | | 50% | 50% |
| Surgical Repair – Torn Cartilage in Knee | | \$750 | \$1,500 |
| Surgical Repair – Torn tendon/ligament/rotator cuff - one | | \$750 | \$1,000 |
| Surgical Repair – Torn tendon/ligament/rotator cuff - two or more | | \$1,500 | \$2,000 |
| Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity | | \$1,500 | \$2,000 |
| Exploratory Surgery (for any Surgery Benefit procedure) | | \$500 | \$1,000 |
| Other Outpatient Surgery Benefit | | | |
| Other Outpatient Surgery Benefit | 1 time(s) per accident; Unlimited time(s) per calendar year | \$300 | \$400 |
| General Anesthesia Benefit | | | |
| General Anesthesia | 2 time(s) per accident; Unlimited time(s) per calendar year | \$75 | \$100 |

Accident Insurance

| | | LOW PLAN | HIGH PLAN |
|--|---|---------------------|---------------------|
| BENEFIT | BENEFIT LIMITS | ALL COVERED PERSONS | ALL COVERED PERSONS |
| ACCIDENT – HOSPITAL BENEFITS CATEGORY | | | |
| Hospital Admission Benefit | | | |
| Admission | 1 time per accident; Unlimited times per calendar year | \$1,000 | \$2,000 |
| Hospital Confinement Benefit | | | |
| Confinement | 365 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 365 of those days. | \$200 | \$300 |
| ICU Supplemental Confinement (paid in addition to Confinement) | | \$200 | \$300 |
| Inpatient Rehabilitation Benefit | | | |
| Inpatient Rehabilitation | 31 days per accident; 60 days per calendar year | \$150 | \$200 |
| | | LOW PLAN | HIGH PLAN |
| BENEFIT | BENEFIT LIMITS | ALL COVERED PERSONS | ALL COVERED PERSONS |
| OTHER BENEFITS CATEGORY | | | |
| Lodging Benefit | 30 day(s) per calendar year | \$100 | \$200 |

Please contact MetLife for detailed definitions and state variations of covered benefits.

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.

Benefit Payment Example – High Plan

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 | High Plan - Benefit Amount |
|---|----------------------------|
| Ambulance (ground) | \$400 |
| Emergency Care | \$250 |
| Physician Follow-Up (\$125 x 2) | \$250 |
| Medical Testing | \$200 |
| Concussion | \$500 |
| Broken Tooth (repaired by crown) | \$300 |
| Benefits paid by MetLife Group Accident Insurance | \$1,900 |

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



Accident Insurance

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. 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. Or visit our website: mybenefits.metlife.com.

* 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.
- 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.
- 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.

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.

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.