

## Accident Insurance

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 receive<sup>1</sup>. Here are just some of the covered events/services<sup>2</sup>.

**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
<b>PARALYSIS BENEFIT CATEGORY</b>							
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
<b>ACCIDENTAL INJURY BENEFITS CATEGORY</b>			
<b>Fracture Benefit (Closed)</b>			
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)		\$750	\$1,000
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)		\$750	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$750	\$1,000
Rib		\$750	\$1,000
Finger, Toe		\$100	\$200
Vertebrae, Body of (excluding vertebral processes)		\$1,500	\$2,000
Vertebral Process		\$500	\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$1,500	\$2,000
Hip, Thigh (femur)		\$4,000	\$5,000



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Coccyx		\$500	\$750
Leg (tibia and/or fibula)		\$1,500	\$2,000
Kneecap (patella)		\$500	\$750
Ankle		\$500	\$750
Foot (except toes)		\$500	\$750
Chip Fracture		25%	25%
<b>Fracture Benefit (Open)</b>			
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	\$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)		\$1,500	\$2,000
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)		\$1,500	\$2,000
Rib		\$1,500	\$2,000
Finger, Toe		\$200	\$400
Vertebrae, Body of (excluding vertebral processes)		\$3,000	\$4,000
Vertebral Process		\$1,000	\$1,500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$3,000	\$4,000
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%
<b>Dislocation Benefit (Closed)</b>			
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	\$1,000
Rib		\$750	\$1,000

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Elbow		\$750	\$1,000
Wrist		\$750	\$1,000
Bone or Bones of the Hand (other than fingers)		\$750	\$1,000
Hip		\$4,000	\$5,000
Knee (except patella)		\$2,000	\$2,500
Ankle - Bone or bones of the Foot (other than toes)		\$750	\$1,000
One Toe or Finger		\$100	\$200
Partial Dislocation		25%	25%
<b>Dislocation Benefit (Open)</b>			
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	\$2,000
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	\$2,000
Hip		\$8,000	\$10,000
Knee (except patella)		\$4,000	\$5,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,500	\$2,000
One Toe or Finger		\$200	\$400
Partial Dislocation		25%	25%
<b>Burn Benefit</b>			
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		\$1,500	\$2,000
3rd Degree 25-35% surface skin burnt		\$5,000	\$7,500
3rd Degree 35% or more of surface skin burnt		\$10,000	\$15,000
<b>Concussion Benefit</b>			
Concussion	1 time(s) per calendar year	\$250	\$500
<b>Coma Benefit</b>			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$7,500	\$10,000

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Laceration Benefit			
Without repair by stiches	1 time per accident; 3 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	\$300	\$400

		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	\$1,200
Emergency Care Benefit			
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$100	\$200
Physician's Office		\$50	\$100
Urgent Care		\$50	\$100
Non-Emergency Initial Care Benefit			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$50	\$100
Medical Testing Benefit			

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Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$150	\$200
<b>Physician Follow-Up Benefit</b>			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$50	\$100
<b>Transportation Benefit</b>			
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$400
<b>Therapy Services Benefit</b>			
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
<b>Pain Benefit</b>			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$75	\$100
<b>Prosthetic Device Benefit</b>			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$750	\$1,000
More than One Device		\$1,500	\$2,000
<b>Medical Appliance Benefit</b>			
Brace	1 time(s) per accident; Unlimited time(s) per calendar year	\$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

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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	\$400	\$500
Surgery Benefits			
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500	\$2,000
Surgical Repair – Hernia		\$150	\$200
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)		\$150	\$200
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400
Skilled Nursing Facility Benefit or Home Care Benefit			
Skilled Nursing Facility	5 day(s) per accident; 10 day(s) per lifetime	\$50	\$50
Home Care		\$25	\$25
Accidental Ingestion Outpatient Treatment Benefit			
Emergency Room	\$500 per accidental ingestion and per calendar year.	\$100	\$200
Physician's Office		\$50	\$100
Urgent Care		\$50	\$100
ACCIDENT – HOSPITAL BENEFITS CATEGORY			
Hospital Admission Benefit			
Admission	1 time per accident;	\$1,000	\$2,000

  

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS

## Accident Insurance

ICU Supplemental Admission (paid in addition to Admission)	Unlimited times per calendar year	\$1,000	\$2,000
<b>Hospital Confinement Benefit</b>			
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.	\$100	\$200
ICU Supplemental Confinement (paid in addition to Confinement)		\$100	\$200
<b>Accidental Ingestion Confinement Benefit</b>			
Accidental Ingestion Confinement	30 days per accident and year. Not payable if hospital admission or confinement are payable.	\$50	\$50
<b>Inpatient Rehabilitation Benefit</b>			
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$150	\$200

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
<b>OTHER BENEFITS CATEGORY</b>			
Health Screening Benefit	1 time(s) per calendar year	\$50	\$50
Lodging Benefit	15 day(s) per calendar year	\$100	\$200

### Notes Regarding Certain Benefits:

- **Health Screening Benefits<sup>3</sup> (HSB):** Everyone who's enrolled — you, your spouse, and dependent children— can earn an annual \$50 benefit.
- **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:** 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.

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

- 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.
- 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. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.
- 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.



## Accident Insurance

### 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 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 <sup>4</sup>	Benefit Amount – High Plan
Ambulance (ground)	\$400
Emergency Care	\$200
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$200
Concussion	\$500
Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$1,800

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!**<sup>5</sup> 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.**<sup>6</sup> 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](http://mybenefits.metlife.com).**

<sup>1</sup> Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

<sup>2</sup> 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.

<sup>3</sup> The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident - only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x - rays, electrocardiogram (EKG), and electroencephalogram (EEG). Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

<sup>4</sup> Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

<sup>5</sup> Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>6</sup> 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.

