

## 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 a plan that provides 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>.

HIGH PLAN				
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL DEATH BENEFITS CATEGORY</b>				
Basic Accidental Death	N/A	\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier		\$150,000	\$75,000	\$30,000
<b>ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY</b>				
<b>Basic Dismemberment/Functional Loss Benefit</b>				
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
<b>Catastrophic Dismemberment/Functional Loss Benefit</b>				
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
<b>Paralysis Benefit</b>				
Two Limbs (paraplegia or hemiplegia)	N/A	\$20,000	\$20,000	\$20,000
Four Limbs (quadriplegia)		\$40,000	\$40,000	\$40,000
		<b>HIGH PLAN</b>		
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>		
<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.	\$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		



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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%
<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.	\$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)		\$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

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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%
<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.	\$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%
<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.	\$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%
<b>Burn Benefit</b>		

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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
<b>Concussion Benefit</b>		
Concussion	1 time(s) per calendar year	\$500
<b>Coma Benefit</b>		
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$10,000
<b>Laceration Benefit</b>		
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	\$75
Repaired by stitches but less than 2 inches long		\$125
Repaired by stitches and 2-6 inches long		\$350
Repaired by stitches and over 6 inches long		\$700
<b>Broken Tooth Benefit</b>		
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$300
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$150
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$50
<b>Eye Injury Benefit</b>		
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$400

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
<b>MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY</b>		
Ground Ambulance Benefit		

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Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$400
<b>Air Ambulance Benefit</b>		
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,250
<b>Emergency Care Benefit</b>		
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$200
Physician's Office		\$100
Urgent Care		\$100
<b>Non-Emergency Initial Care Benefit</b>		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$100
<b>Medical Testing Benefit</b>		
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$200
<b>Physician Follow-Up Benefit</b>		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$100
<b>Transportation Benefit</b>		
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$400
<b>Therapy Services Benefit</b>		
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$50
Chiropractic Therapy		\$50
Cognitive Behavioral Therapy		\$50
Occupational Therapy		\$50
Physical Therapy		\$50
Respiratory therapy		\$50
Speech Therapy		\$50
Vocational Therapy		\$50
<b>Pain Benefit</b>		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$100
<b>Prosthetic Device Benefit</b>		
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000
More than One Device		\$2,000

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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		\$2,000
Surgical Repair – Hernia		\$200
Surgical Repair – Ruptured Disc		\$1,500
Surgical Repair – Skin Graft (% of Burn Benefit )		50%
Surgical Repair – Torn Cartilage in Knee		\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one	1 time(s) per accident; Unlimited time(s) per calendar year	\$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; Unlimited time(s) per calendar year	\$400

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BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
<b>ACCIDENT – HOSPITAL BENEFITS CATEGORY</b>		
<b>Hospital Admission Benefit</b>		
Admission	1 time per accident; Unlimited times per calendar year	\$1,500
ICU Supplemental Admission (paid in addition to Admission)		\$1,500
<b>Hospital Confinement Benefit</b>		
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
<b>Inpatient Rehabilitation Benefit</b>		
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$200

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

### 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:

- **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.
- In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma

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glucose test, flexible sigmoidoscopy, hearing test, hemocult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.

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

- **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.

## 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 <sup>3</sup>	Benefit Amount
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>4</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>5</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.**

## 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	
Employee	\$14.82
Employee & Spouse	\$23.82





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Employee & Child(ren)	\$24.69
Employee & Spouse/Child(ren)	\$33.70

<sup>1</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>2</sup> Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

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

<sup>4</sup> 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.

<sup>15</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.