

# Accident Insurance Plan Summary

## 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		
		Member	Spouse	Child	Member	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
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%	



Benefit	Benefit Limits	Low Plan	High Plan
		All Covered Persons	All Covered Persons
<b>Accidental Injury Benefits Category (continued)</b>			
<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
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%

Benefit	Benefit Limits	Low Plan	High Plan
		All Covered Persons	All Covered Persons
<b>Accidental Injury Benefits Category (continued)</b>			
<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
<b>Laceration Benefit</b>			
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	\$50	\$75
Repaired by stitches but less than 2 inches long		\$75	\$125
Repaired by stitches and 2-6 inches long		\$200	\$350
Repaired by stitches and over 6 inches long		\$400	\$700
<b>Broken Tooth Benefit</b>			
Crown	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$200	\$300
Extraction		\$100	\$150
Filling		\$25	\$50
<b>Eye Injury Benefit</b>			
Eye Injury	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$400

Benefit	Benefit Limits	Low Plan	High Plan
		All Covered Persons	All Covered Persons
<b>Medical Treatment and Services Benefits Category</b>			
<b>Ground Ambulance Benefit</b>			
Ground Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$400
<b>Air Ambulance Benefit</b>			
Air Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$1,000	\$1,250
<b>Emergency Care Benefit</b>			
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit)	\$150	\$200
Physician's Office		\$75	\$100
Urgent Care		\$75	\$100
<b>Non-Emergency Initial Care Benefit</b>			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$75	\$100
<b>Medical Testing Benefit</b>			
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	1 time(s) per accident; 2 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	\$75	\$100
<b>Transportation Benefit</b>			
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$400
<b>Therapy Services Benefit</b>			
Cognitive Behavioral Therapy	10 time(s) per accident; 15 time(s) per calendar year	\$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		\$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



Benefit	Benefit Limits	Low Plan	High Plan
		All Covered Persons	All Covered Persons
<b>Medical Treatment and Services Benefits Category (continued)</b>			
<b>Modification Benefit</b>			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,500
<b>Blood/ Plasma/Platelets Benefit</b>			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$500

<b>Accident — Hospital Benefits Category</b>			
<b>Hospital Admission Benefit</b>			
Admission	1 time per accident	\$1,000	\$1,500
ICU Supplemental Admission (paid in addition to Admission)	Unlimited times per calendar year	\$1,000	\$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.	\$200	\$300
ICU Supplemental Confinement (paid in addition to Confinement)		\$200	\$300
<b>Inpatient Rehabilitation Benefit</b>			
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$150	\$200

<b>Other Benefits Category</b>			
Lodging Benefit	15 day(s) per calendar year	\$100	\$200
<b>Surgery Benefits</b>			
Surgical Repair — Cranial	1 time(s) per accident; 2 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 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
<b>Other Outpatient Surgery Benefit</b>			
Other Outpatient Surgery Benefit	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$400

**Notes Regarding Certain Benefits:**

**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.

## 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.

Coverage Options	Monthly Cost to You	
	Low Plan	High Plan
Employee	\$10.20	\$15.16
Employee & Spouse	\$20.98	\$30.31
Employee & Child(ren)	\$23.92	\$34.57
Employee & Spouse/Child(ren)	\$29.58	\$42.75

## Benefit Payment Example for High Plan

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 (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 Benefit <sup>3</sup>	High Plan 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
<b>Benefits paid by MetLife Group Accident Insurance</b>	<b>\$1,800</b>

## Questions & Answers

### Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members!<sup>4</sup> You need to be actively at work for your coverage to be effective.

### 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. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

[metlife.com](https://www.metlife.com)

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. There are benefit reductions that begin at age 70, if applicable. 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.

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