



## Accident Insurance

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

**Enrollment Period: October 30, 2023 – November 19, 2023**

### Accident Insurance Benefits

With MetLife, you'll have a choice of single plan (called 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>.

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	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.	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$6,000
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)		\$1,500
Rib		\$1,000
Finger, Toe		\$400
Vertebrae, Body of (excluding vertebral processes)		\$2,000
Vertebral Process		\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,000
Hip, Thigh (femur)		\$6,000
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	\$4,000



## Accident Insurance

Skull Fracture - depressed (except bones of face or nose)	amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$12,000
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)		\$3,000
Rib		\$2,000
Finger, Toe		\$800
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)		\$12,000
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)		\$2,000
One Toe or Finger		\$300
Partial Dislocation		25%

## Accident Insurance

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)		\$4,000
One Toe or Finger		\$600
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	\$200
Coma Benefit		
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$15,000
Laceration Benefit		
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$100
Repaired by stiches but less than 2 inches long		\$150
Repaired by stiches and 2-6 inches long		\$400
Repaired by stiches and over 6 inches long		\$800
Broken Tooth Benefit		
Crown	1 time(s) per accident;	\$450

## Accident Insurance

	Unlimited time(s) per calendar year (applies to all procedures)	
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)	\$75
<b>Eye Injury Benefit</b>		
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$400

		<b>HIGH PLAN</b>
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>
<b>MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY</b>		
<b>Ground Ambulance Benefit</b>		
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$500
<b>Air Ambulance Benefit</b>		
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
<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.	\$400
Physician's Office		\$200
Urgent Care		\$250
<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 (MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$300
Medical Testing (X-rays)		\$200
<b>Physician Follow-Up Benefit</b>		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$150
<b>Transportation Benefit</b>		

## Accident Insurance

Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$50
<b>Therapy Services Benefit</b>		
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$100
Chiropractic Therapy		\$100
Cognitive Behavioral Therapy		\$100
Occupational Therapy		\$100
Physical Therapy		\$100
Respiratory therapy		\$100
Speech Therapy		\$100
Vocational Therapy		\$100
<b>Pain Benefit</b>		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$150
<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
<b>Medical Appliance Benefit</b>		
Brace	1 time(s) per accident; Unlimited time(s) per calendar year	\$150
Cane		\$150
Crutches		\$200
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
<b>Modification Benefit</b>		
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
<b>Blood/ Plasma/ Platelets Benefit</b>		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$500

## Accident Insurance

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

		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	\$2,000
ICU Supplemental Admission (paid in addition to Admission)		\$1,000
Hospital Confinement Benefit		
Confinement	31 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 31 of those days.	\$400
ICU Supplemental Confinement (paid in addition to Confinement)		\$200
Inpatient Rehabilitation Benefit		
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$150

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
OTHER BENEFITS CATEGORY		
Health Screening Benefit	1 time(s) per calendar year	\$100

## Accident Insurance

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:

- 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

### 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)	\$500
Emergency Care	\$400
Physician Follow-Up (\$150 x 2)	\$300
Medical Testing	\$200
Concussion	\$200
Broken Tooth (repaired by crown)	\$450
Benefits paid by MetLife Group Accident Insurance	\$2,050

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](http://mybenefits.metlife.com).



## Accident Insurance

### 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	High Plan
Employee	\$12.96
Employee & Spouse	\$21.51
Employee & Child(ren)	\$24.43
Employee & Spouse/Child(ren)	\$32.98

<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>5</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. There are benefit reductions that begin at age 65, 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.