# **Accident Insurance Plan Summary**

## **ACCIDENT INSURANCE BENEFITS**

With MetLife, you'll have a comprehensive plan which 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.

		BEN	EFIT AMOUN	ITS	
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	
PARALYSIS BENEFIT CATEGORY					
Two Limbs (paraplegia or hemiplegia)	NI/A	\$10,000	\$10,000	\$10,000	
Four Limbs (quadriplegia)	N/A	\$20,000	\$20,000	\$20,000	

		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENTAL INJURY BEN	EFITS CATEGORY	
Fracture Benefit	(Closed)	
Face or Nose (except mandible or maxilla)		\$1,000
Skull Fracture - depressed (except bones of face or nose)		\$4,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,000
Lower Jaw, Mandible (except alveolar process)		\$750
Upper Jaw, Maxilla (except alveolar process)		\$1,000
Upper Arm between Elbow and Shoulder (humerus)		\$1,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$750
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times	\$750
Rib	the highest Fracture Benefit.	\$750
Finger, Toe		\$100
Vertebrae, Body of (excluding vertebral processes)		\$1,500
Vertebral Process	1	\$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$1,500
Hip, Thigh (femur)	]	\$4,000
Соссух		\$500
Leg (tibia and/or fibula)		\$1,500
Kneecap (patella)		\$500

Ankle		\$500
Foot (except toes)		\$500
Chip Fracture		25%
Fracture Benefi	t (Open)	
Face or Nose (except mandible or maxilla)		\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$8,000
Skull Fracture - non depressed (except bones of face or nose)		\$4,000
Lower Jaw, Mandible (except alveolar process)	1	\$1,500
Upper Jaw, Maxilla (except alveolar process)		\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	] ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	\$1,500
Rib	If more than one bone is fractured, the amount we will pay for all fractures	\$1,500
Finger, Toe	combined will be no more than 2 times the highest Fracture Benefit.	\$200
Vertebrae, Body of (excluding vertebral processes)	g	\$3,000
Vertebral Process		\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$3,000
Hip, Thigh (femur)		\$8,000
Соссух		\$1,000
Leg (tibia and/or fibula)		\$3,000
Kneecap (patella)		\$1,000
Ankle		\$1,000
Foot (except toes)		\$1,000
Chip Fracture		25%
Dislocation Benef	it (Closed)	
Lower Jaw		\$750
Collarbone (sternoclavicular)		\$1,000
Collarbone (acromioclavicular and separation)		\$750
Shoulder (glenohumeral)		\$750
Rib		\$750
Elbow	If more than one joint is dislocated, the	\$750
Wrist	amount we will pay for all dislocations combined will be no more than 2 times	\$750
Bone or Bones of the Hand (other than fingers)	the highest Dislocation Benefit.	\$750
Hip		\$4,000
Knee (except patella)	7	\$2,000
Ankle - Bone or bones of the Foot (other than toes)		\$750
	7	\$100
One Toe or Finger		Ψ100

Lower Jaw	_	\$1,500
Collarbone (sternoclavicular)	_	\$2,000
Collarbone (acromioclavicular and separation)		\$1,500
Shoulder (glenohumeral)		\$1,500
Rib		\$1,500
Elbow	If more than one joint is dislocated, the	\$1,500
Wrist	amount we will pay for all dislocations combined will be no more than 2 times	\$1,500
ne or Bones of the Hand (other than fingers)  combined will be no more than 2 times the highest Dislocation Benefit.		\$1,500
Hip		\$8,000
Knee (except patella)		\$4,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,500
One Toe or Finger		\$200
Partial Dislocation		25%
Burn Ben	efit	
2nd Degree w/ less than 10% of surface skin burnt		\$150
2nd Degree 10-25% surface skin burnt		\$300
2nd Degree 25-35% surface skin burnt		\$1,000
2nd Degree 35% or more of surface skin burnt	1 time per accident;	\$2,000
3rd Degree w/ less than 10% of surface skin burnt	Unlimited time(s) per year	\$2,000
3rd Degree 10-25% surface skin burnt		\$3,000
3rd Degree 25-35% surface skin burnt		\$10,000
3rd Degree 35% or more of surface skin burnt		\$20,000
Concussion I	Benefit	
Concussion	1 time(s) per year	\$300
Coma Ben	efit	
Coma	1 time(s) per accident; Unlimited time(s) per year	\$10,000
Laceration B	enefit	
Without repair by stiches		\$75
Repaired by stiches but less than 2 inches long	1 time per accident;	\$113
Repaired by stiches and 2-6 inches long	3 time(s) per year	\$300
Repaired by stiches and over 6 inches long		\$600
Broken Tooth	Benefit	
Crown	1 time(s) per accident; 3 time(s) per year (applies to all procedures)	\$200
Extraction	1 time(s) per accident; 3 time(s) per year (applies to all procedures)	\$100
Filling	1 time(s) per accident; 3 time(s) per year (applies to all procedures)	\$50
Eye Injury B	enefit	

Eye Injury	1 time(s) per accident; 2 time(s) per year	\$300
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		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
MEDICAL TREATMENT AND SERVI	CES BENEFITS CATEGORY	
Ground Ambulan	ce Benefit	
Ground Ambulance	1 time(s) per accident; 2 time(s) per year	\$300
Air Ambulance	Benefit	
Air Ambulance	1 time(s) per accident; 2 time(s) per year	\$1,000
Emergency Care	Benefit	
Emergency Room		\$200
Physician's Office	1 time per accident (combined with Non- Emergency Initial Care Benefit)	\$100
Urgent Care		\$100
Non-Emergency Initia	l Care Benefit	
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$75
Medical Testing	Benefit	
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	1 time(s) per accident; 2 time(s) per year	\$200
Physician Follow-	Up Benefit	
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per year	\$75
Transportation	Benefit	
Transportation	1 time(s) per accident; 2 time(s) per year	\$300
Therapy Service	s Benefit	
Cognitive Behavioral Therapy		\$25
Occupational Therapy		\$25
Physical Therapy	10 time(s) per accident;	\$25
Respiratory therapy	15 time(s) per year	\$25
Speech Therapy		\$25
Vocational Therapy		\$25
Pain Bene	fit	
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per year	\$75
Prosthetic Devic	e Benefit	
One Device Only	1 time(s) per accident;	\$750
More than One Device	Unlimited time(s) per year	\$1,500
Medical Applianc	e Benefit	

Brace		\$100	
Cane		\$100	
Crutches		\$100	
Walker - expected use < 1yr		\$150	
Walker - expected use >=1 yr		\$200	
Walking Boot		\$100	
Wheel chair or motorized scooter - expected use < 1yr		\$200	
Wheel chair or motorized scooter - expected use >=1yr		\$200	
Other medical device used for Mobility		\$100	
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$200	
Modification B	enefit		
Modification	1 time(s) per accident; Unlimited time(s) per year	\$1,000	
Blood/ Plasma/ Plate	lets Benefit		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per year	\$400	
Surgery Bend	efits		
Surgical Repair – Cranial		\$1,500	
Surgical Repair – Hernia		\$150	
Surgical Repair – Ruptured Disc		\$1,000	
Surgical Repair – Skin Graft Benefit		50%	
Surgical Repair – Torn Cartilage in Knee	1 time(s) per accident;	\$750	
Surgical Repair – Torn tendon/ligament/rotator cuff - one	2 time(s) per year	\$1,000	
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,500	
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,500	
Exploratory Surgery (for any Surgery Benefit procedure)		\$150	
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; 2 time(s) per year	\$200	

BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS		
ACCIDENT – HOSPITAL B	ENEFITS CATEGORY			
Hospital Admiss	ion Benefit			
Admission	2 1 time per accident; Unlimited times per year \$1,			
ICU Supplemental Admission (paid in addition to Admission)				
Hospital Confinement Benefit				
Confinement	15 days per accident. Payable after the first day of admission.	\$200		
ICU Supplemental Confinement (paid in addition to Confinement)	ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$200		
Inpatient Rehabilitation Benefit				
Inpatient Rehabilitation	15 days per accident; 30 days per year	\$200		

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

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## MetLife Advantages<sup>SM</sup> − Services or Discounts added at no additional cost

Will Preparation Services<sup>1</sup>

As an added benefit your employees will have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.

MetLife VisionAccess<sup>2</sup>

As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.

Digital Legacy (MetLife Infinity)<sup>3</sup>

As an added benefit your employees will be able to create an account from web, mobile and tablet devices where they can-to upload, store and share digital assets including pictures, videos, audio files and documents. Assets are stored in collections where employees can share with family and friends through scheduled releases now or in the future. An employee can also set up a "trusted" individual who can release collections if the user becomes unable to do so in their future.

Funeral Discount and Planning Services<sup>4</sup>

As an added benefit your employees will have access to funeral discounts and planning services. Through Dignity Memorial, employees and family members will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.

# **MetLife Advantages<sup>SM</sup> Disclaimers**

MetLife Advantages<sup>SM</sup> availability varies by state.

<sup>1</sup>WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with Metlife.

<sup>2</sup>MetLife VisionAccess is a discount program and not an insured benefit. t is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.MetLife Vision Access is available to anyone regardless of affiliation with MetLife.

<sup>3</sup>MetLife Infinity is offered by MetLife Consumer Services, Inc., an affiliate of Metropolitan Life Insurance Company. MetLife Infinity is available to anyone regardless of affiliation with MetLife.

<sup>4</sup>Funeral Discount and Planning Services - Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. SCI offers planning services, expert assistance, and bereavement travel services to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for funeral services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the funeral services discount is available for "At Need" services only. Not approved in AK, CT, FL, KS, KY, MD, MO, MT, ND, NH, NJ, NY, TX and WA.

#### \* 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.
- 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.

## BENEFIT PAYMENT EXAMPLE

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 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)	\$300
Emergency Care	\$200
Physician Follow-Up (\$75 x2)	\$150
Medical Testing	\$200
Concussion	\$300
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,350

## **INSURANCE RATES**

MetLife offers competitive group rates and convenient 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	\$8.16	
Employee & Spouse	\$16.32	
Employee & Child(ren)	\$18.60	
Employee & Spouse/Child(ren)	\$23.01	

## **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 enroll during your Enrollment Period and be actively at work for your coverage to be effective.

## How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

#### What happens if my employment status changes? Can I take my coverage with me?

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.

#### 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.

- <sup>1</sup> 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.
- <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.
- <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. 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.

