

Accident Insurance

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



Enrollment Period: October 1 – October 31

Accident Insurance Benefits

With MetLife, you'll have Plan that provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

| ACCIDENTAL DEATH BENEFITS CATEGORY | | | | |
|--|--|-----------|-----------|----------|
| BENEFIT | BENEFIT LIMITS | EMPLOYEE | SPOUSE | CHILD |
| Basic Accidental Death | N/A | \$50,000 | \$25,000 | \$12,500 |
| Accidental Death Common Carrier | | \$200,000 | \$100,000 | \$50,000 |
| ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY | | | | |
| Basic Dismemberment/Functional Loss Benefit | | | | |
| Loss of one finger or one toe | N/A | \$750 | \$750 | \$750 |
| Loss of one arm or one leg | | \$10,000 | \$10,000 | \$10,000 |
| Loss of one hand or one foot | | \$10,000 | \$10,000 | \$10,000 |
| Loss of two or more fingers or toes | | \$1,500 | \$1,500 | \$1,500 |
| Loss of sight in one eye | | \$10,000 | \$10,000 | \$10,000 |
| Catastrophic Dismemberment/Functional Loss Benefit | | | | |
| Loss of both arms or both legs or one arm and one leg | N/A | \$25,000 | \$25,000 | \$25,000 |
| Loss of both hands or both feet or one hand and one foot | | \$25,000 | \$25,000 | \$25,000 |
| Loss of sight in both eyes | | \$25,000 | \$25,000 | \$25,000 |
| Loss of hearing in both ears | | \$10,000 | \$10,000 | \$10,000 |
| Loss of ability to speak | | \$10,000 | \$10,000 | \$10,000 |
| Paralysis Benefit | | | | |
| Two Limbs (paraplegia or hemiplegia) | N/A | \$5,000 | \$5,000 | \$5,000 |
| Four Limbs (quadriplegia) | | \$10,000 | \$10,000 | \$10,000 |
| ACCIDENTAL INJURY BENEFITS CATEGORY | | | | |
| Fracture Benefit (Closed) | | | | |
| 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. | \$385 | \$385 | \$385 |
| Skull Fracture - depressed (except bones of face or nose) | | \$2,750 | \$2,750 | \$2,750 |
| Skull Fracture - non depressed (except bones of face or nose) | | \$1,100 | \$1,100 | \$1,100 |
| Lower Jaw, Mandible (except alveolar process) | | \$275 | \$275 | \$275 |
| Upper Jaw, Maxilla (except alveolar process) | | \$385 | \$385 | \$385 |



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|---|--|---------|---------|---------|
| Upper Arm between Elbow and Shoulder (humerus) | | \$385 | \$385 | \$385 |
| Shoulder Blade (scapula), Collarbone (clavicle, sternum) | | \$330 | \$330 | \$330 |
| Forearm (radius and/or ulna), Hand, Wrist (except fingers) | | \$330 | \$330 | \$330 |
| Rib | | \$275 | \$275 | \$275 |
| Finger, Toe | | \$110 | \$110 | \$110 |
| Vertebrae, Body of (excluding vertebral processes) | | \$825 | \$825 | \$825 |
| Vertebral Process | | \$330 | \$330 | \$330 |
| Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) | | \$825 | \$825 | \$825 |
| Hip, Thigh (femur) | | \$1,650 | \$1,650 | \$1,650 |
| Coccyx | | \$220 | \$220 | \$220 |
| Leg (tibia and/or fibula) | | \$825 | \$825 | \$825 |
| Kneecap (patella) | | \$330 | \$330 | \$330 |
| Ankle | | \$330 | \$330 | \$330 |
| Foot (except toes) | | \$330 | \$330 | \$330 |
| Chip Fracture | | 25% | 25% | 25% |
| Fracture Benefit (Open) | | | | |
| Face or Nose (except mandible or maxilla) | | \$770 | \$770 | \$770 |
| Skull Fracture - depressed (except bones of face or nose) | | \$5,500 | \$5,500 | \$5,500 |
| Skull Fracture - non depressed (except bones of face or nose) | | \$2,200 | \$2,200 | \$2,200 |
| Lower Jaw, Mandible (except alveolar process) | | \$550 | \$550 | \$550 |
| Upper Jaw, Maxilla (except alveolar process) | | \$770 | \$770 | \$770 |
| Upper Arm between Elbow and Shoulder (humerus) | | \$770 | \$770 | \$770 |
| Shoulder Blade (scapula), Collarbone (clavicle, sternum) | 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. | \$660 | \$660 | \$660 |
| Forearm (radius and/or ulna), Hand, Wrist (except fingers) | | \$660 | \$660 | \$660 |
| Rib | | \$550 | \$550 | \$550 |
| Finger, Toe | | \$220 | \$220 | \$220 |
| Vertebrae, Body of (excluding vertebral processes) | | \$1,650 | \$1,650 | \$1,650 |
| Vertebral Process | | \$660 | \$660 | \$660 |
| Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) | | \$1,650 | \$1,650 | \$1,650 |
| Hip, Thigh (femur) | | \$3,300 | \$3,300 | \$3,300 |
| Coccyx | | \$440 | \$440 | \$440 |

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|---|--|---------|---------|---------|
| Leg (tibia and/or fibula) | | \$1,650 | \$1,650 | \$1,650 |
| Kneecap (patella) | | \$660 | \$660 | \$660 |
| Ankle | | \$660 | \$660 | \$660 |
| Foot (except toes) | | \$660 | \$660 | \$660 |
| Chip Fracture | | 25% | 25% | 25% |
| Dislocation Benefit (Closed) | | | | |
| 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. | \$330 | \$330 | \$330 |
| Collarbone (sternoclavicular) | | \$550 | \$550 | \$550 |
| Collarbone (acromioclavicular and separation) | | \$110 | \$110 | \$110 |
| Shoulder (glenohumeral) | | \$330 | \$330 | \$330 |
| Rib | | \$330 | \$330 | \$330 |
| Elbow | | \$330 | \$330 | \$330 |
| Wrist | | \$330 | \$330 | \$330 |
| Bone or Bones of the Hand (other than fingers) | | \$330 | \$330 | \$330 |
| Hip | | \$2,200 | \$2,200 | \$2,200 |
| Knee (except patella) | | \$1,100 | \$1,100 | \$1,100 |
| Ankle - Bone or bones of the Foot (other than toes) | | \$880 | \$880 | \$880 |
| One Toe or Finger | | \$110 | \$110 | \$110 |
| Partial Dislocation | | 25% | 25% | 25% |
| 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. | \$660 | \$660 | \$660 |
| Collarbone (sternoclavicular) | | \$1,100 | \$1,100 | \$1,100 |
| Collarbone (acromioclavicular and separation) | | \$220 | \$220 | \$220 |
| Shoulder (glenohumeral) | | \$660 | \$660 | \$660 |
| Rib | | \$660 | \$660 | \$660 |
| Elbow | | \$660 | \$660 | \$660 |
| Wrist | | \$660 | \$660 | \$660 |
| Bone or Bones of the Hand (other than fingers) | | \$660 | \$660 | \$660 |
| Hip | | \$4,400 | \$4,400 | \$4,400 |
| Knee (except patella) | | \$2,200 | \$2,200 | \$2,200 |
| Ankle - Bone or bones of the Foot (other than toes) | | \$1,760 | \$1,760 | \$1,760 |
| One Toe or Finger | | \$220 | \$220 | \$220 |
| Partial Dislocation | | 25% | 25% | 25% |
| Burn Benefit | | | | |
| 2nd Degree w/ less than 10% of surface skin burnt | 1 time per accident; Unlimited time(s) per calendar year | \$150 | \$150 | \$150 |
| 2nd Degree 10-25% surface skin burnt | | \$300 | \$300 | \$300 |

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|---|--|----------|----------|----------|
| 2nd Degree 25-35% surface skin burnt | | \$1,000 | \$1,000 | \$1,000 |
| 2nd Degree 35% or more of surface skin burnt | | \$2,000 | \$2,000 | \$2,000 |
| 3rd Degree w/ less than 10% of surface skin burnt | | \$2,000 | \$2,000 | \$2,000 |
| 3rd Degree 10-25% surface skin burnt | | \$3,000 | \$3,000 | \$3,000 |
| 3rd Degree 25-35% surface skin burnt | | \$10,000 | \$10,000 | \$10,000 |
| 3rd Degree 35% or more of surface skin burnt | | \$20,000 | \$20,000 | \$20,000 |
| Concussion Benefit | | | | |
| Concussion | 3 time(s) per calendar year | \$220 | \$220 | \$220 |
| Coma Benefit | | | | |
| Coma | 1 time(s) per accident; Unlimited time(s) per calendar year | \$10,000 | \$10,000 | \$10,000 |
| Laceration Benefit | | | | |
| Without repair by stiches | 1 time per accident; Unlimited time(s) per calendar year | \$25 | \$25 | \$25 |
| Repaired by stiches but less than 2 inches long | | \$50 | \$50 | \$50 |
| Repaired by stiches and 2-6 inches long | | \$200 | \$200 | \$200 |
| Repaired by stiches and over 6 inches long | | \$500 | \$500 | \$500 |
| Broken Tooth Benefit | | | | |
| Crown | 1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures) | \$300 | \$300 | \$300 |
| Extraction | 1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures) | \$75 | \$75 | \$75 |
| Filling | 1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures) | \$50 | \$50 | \$50 |
| Eye Injury Benefit | | | | |
| Eye Injury | 1 time(s) per accident; Unlimited time(s) per calendar year | \$300 | \$300 | \$300 |
| MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY | | | | |
| Ground Ambulance Benefit | | | | |
| Ground Ambulance | 1 time(s) per accident; Unlimited time(s) per calendar year | \$200 | \$200 | \$200 |
| Air Ambulance Benefit | | | | |
| Air Ambulance | 1 time(s) per accident; Unlimited time(s) per calendar year | \$2,000 | \$2,000 | \$2,000 |
| Emergency Care Benefit | | | | |

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|--|---|---------|---------|---------|
| Emergency Room | 1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident. | \$125 | \$125 | \$125 |
| Physician's Office | | \$50 | \$50 | \$50 |
| Urgent Care | | \$50 | \$50 | \$50 |
| Non-Emergency Initial Care Benefit | | | | |
| Non-Emergency Initial Care | 1 time per accident (combined with Emergency Care Benefit) | \$50 | \$50 | \$50 |
| Medical Testing Benefit | | | | |
| Medical Testing (MRI/MR, Ultrasound, NCV, CT/CAT, EEG) | 2 time(s) per accident; Unlimited time(s) per calendar year | \$150 | \$150 | \$150 |
| Medical Testing (X-rays) | | \$50 | \$50 | \$50 |
| Physician Follow-Up Benefit | | | | |
| Physician Follow-Up Visit | 3 time(s) per accident; Unlimited time(s) per calendar year | \$50 | \$50 | \$50 |
| Transportation Benefit | | | | |
| Transportation | 3 time(s) per accident; Unlimited time(s) per calendar year | \$500 | \$500 | \$500 |
| Therapy Services Benefit | | | | |
| Acupuncture | 10 time(s) per accident; Unlimited time(s) per calendar year | \$25 | \$25 | \$25 |
| Chiropractic Therapy | | \$25 | \$25 | \$25 |
| Cognitive Behavioral Therapy | | \$25 | \$25 | \$25 |
| Occupational Therapy | | \$25 | \$25 | \$25 |
| Physical Therapy | | \$25 | \$25 | \$25 |
| Respiratory therapy | | \$25 | \$25 | \$25 |
| Speech Therapy | | \$25 | \$25 | \$25 |
| Vocational Therapy | | \$25 | \$25 | \$25 |
| Prosthetic Device Benefit | | | | |
| One Device Only | 1 time(s) per accident; Unlimited time(s) per calendar year | \$500 | \$500 | \$500 |
| More than One Device | | \$1,000 | \$1,000 | \$1,000 |
| Medical Appliance Benefit | | | | |
| Brace | | \$250 | \$250 | \$250 |
| Cane | | \$250 | \$250 | \$250 |
| Crutches | | \$250 | \$250 | \$250 |
| Walker - expected use < 1yr | | \$250 | \$250 | \$250 |
| Walker - expected use >=1 yr | | \$500 | \$500 | \$500 |
| Walking Boot | | \$250 | \$250 | \$250 |

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|--|---|---------|---------|---------|
| Wheel chair or motorized scooter - expected use < 1yr | | \$500 | \$500 | \$500 |
| Wheel chair or motorized scooter - expected use >=1yr | | \$500 | \$500 | \$500 |
| Other medical device used for Mobility | | \$250 | \$250 | \$250 |
| Medical Appliance Benefit Limit (for all appliances combined per accident) | | \$500 | \$500 | \$500 |
| Modification Benefit | | | | |
| Modification | 1 time(s) per accident; Unlimited time(s) per calendar year | \$1,000 | \$1,000 | \$1,000 |
| Blood/ Plasma/ Platelets Benefit | | | | |
| Blood/Plasma/Platelets | 1 time(s) per accident; Unlimited time(s) per calendar year | \$300 | \$300 | \$300 |
| Surgery Benefits | | | | |
| Surgical Repair – Elbow, Hip, Knee or Shoulder Replacement | 1 time(s) per accident; Unlimited time(s) per calendar year | \$1,500 | \$1,500 | \$1,500 |
| Surgical Repair – Hernia | | \$100 | \$100 | \$100 |
| Surgical Repair – Ruptured Disc | | \$500 | \$500 | \$500 |
| Surgical Repair – Skin Graft (% of Burn Benefit) | | 25% | 25% | 25% |
| Surgical Repair – Torn Cartilage in Knee | | \$500 | \$500 | \$500 |
| Surgical Repair – Torn tendon/ligament/rotator cuff - one | | \$500 | \$500 | \$500 |
| Surgical Repair – Torn tendon/ligament/rotator cuff - two or more | | \$1,000 | \$1,000 | \$1,000 |
| Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity | | \$1,500 | \$1,500 | \$1,500 |
| Exploratory Surgery (for any Surgery Benefit procedure) | | \$200 | \$200 | \$200 |
| Skilled Nursing Facility Benefit or Home Care Benefit | | | | |
| Skilled Nursing Facility | 10 day(s) per accident; 20 day(s) per lifetime | \$50 | \$50 | \$50 |
| Home Care | | \$50 | \$50 | \$50 |
| ACCIDENT – HOSPITAL BENEFITS CATEGORY | | | | |
| Hospital Admission Benefit | | | | |
| Admission | 1 time per accident; Unlimited times per calendar year | \$2,500 | \$2,500 | \$2,500 |
| Hospital Confinement Benefit | | | | |
| Confinement | 365 days per accident. Payable on the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 30 of those days. | \$250 | \$250 | \$250 |
| ICU Supplemental Confinement (paid in addition to Confinement) | | \$250 | \$250 | \$250 |

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| Inpatient Rehabilitation Benefit | | | | |
|----------------------------------|--|-------|-------|-------|
| Inpatient Rehabilitation | 15 days per accident; 15 days per calendar year | \$100 | \$100 | \$100 |
| Child Care Benefit | 30 day(s) per accident; 180 day(s) per calendar year; | \$25 | \$25 | N/A |
| Lodging Benefit | 30 day(s) per calendar year | \$125 | \$125 | \$125 |

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.

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 | Benefit Amount |
|----------------------------------|----------------|
| Ambulance (ground) | \$200 |
| Emergency Care | \$125 |
| Physician Follow-Up | \$50 |
| Medical Testing | \$150 |
| Concussion | \$220 |
| Broken Tooth (repaired by crown) | \$300 |

Questions & Answers

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 800-GET-MET8 (438-6388), Monday through Friday from 7:00 a.m. to 7:00 p.m., CST.

¹ 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.

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

³ 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'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.