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 of two plans (called the "Low Plan" and the "High Plan") that provide payments regardless of any other insurance payments you may receive<sup>1</sup>. Here are just some of the covered events/services<sup>2</sup>.

Benefit Type	Low Plan Benefits	High Plan Benefits
Accidental Injury Benefits		
Fracture Benefit*	\$75 – \$6,000 depending on the fracture and type of repair	\$200 – \$10,000 depending on the fracture and type of repair
Dislocation Benefit*	\$75 – \$6,000 depending on the dislocation and type of repair	\$200 – \$10,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$75 – \$7,500 depending on the degree of the burn and the percentage of burnt skin	\$100 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$300	\$600
Coma Benefit	\$10,000	\$20,000
Laceration Benefit	\$35 – \$400 depending on the length of the cut and type of repair	\$75 – \$800 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$150 Filling: \$25 Extraction: \$75	Crown: \$300 Filling: \$50 Extraction: \$150
Eye Injury Benefit	\$250	\$400
Accident - Medical Services & Treatment Bene	fits	
Ambulance Benefit	Ground: \$300 Air: \$1,000	Ground: \$400 Air: \$1,250
Emergency Care Benefit	\$100 – \$100 depending on location of care	\$200 – \$200 depending on location of care
Non-Emergency Initial Care Benefit	\$100	\$200
Physician Follow-Up Visit Benefit	\$100	\$200
Therapy Services Benefit	\$25-\$50 depending on the type of	\$50-\$100 depending on the type of service
(including physical therapy)	service	
Medical Testing Benefit	\$125	\$250
Medical Appliance Benefit	\$50 – \$500 depending on the appliance	\$150 – \$1,000 depending on the appliance
Transportation Benefit	\$300	\$600



Pain Management Benefit	\$50	\$100
(for epidural anesthesia)	+	7.33
Prosthetic Device Benefit	One device: \$500	One device: \$1,000
	More than one device: \$1,000	More than one device: \$2,000
Modification Benefit	\$750	\$1,500
Blood/Plasma/Platelets Benefit	\$400	\$800
Surgical Repair Benefit	\$200 – \$1,250 depending on the type of surgery	\$400 – \$2,500 depending on the type of surgery
Exploratory Surgery Benefit	\$200	\$400
Other Outpatient Surgery Benefit	\$250	\$400
Hospital Benefits		
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit	\$200 per day	\$400 per day
(paid for up to 15 days per accident)	Ψ200 poi day	
ICU Supplemental Confinement Benefit	\$200 per day	\$400 per day
(paid for up to 15 days per accident)		
Inpatient Rehabilitation Benefit	\$200 per day	\$400 per day
(paid for up to 15 days per accident)	ψ200 per day	
Accidental Death Benefit		
	\$25,000	\$50,000
Accidental Death Benefit*	\$75,000 for accidental death on common carrier	\$150,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss & Pa	aralysis Benefits	
Dismemberment/Functional Loss	\$500 – \$15,000 depending on the injury	\$1,000 – \$40,000 depending on the injury
Paralysis	\$7,500 – \$15,000 depending on the number of limbs	\$20,000 – \$40,000 depending on the number of limbs
Other Benefits		
Health Screening Benefit* -	\$50	\$50
benefit provided for certain screening/prevention tests	Paid 1 time per calendar year	Paid 1 time per calendar year
Child Care Benefit – for care at a child care center while hospitalized	\$50 per day	\$100 per day
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$200 per day	\$400 per day



Waiver of Premium Benefit – if you become disabled, premiums will be waived if requirements for waiver are met

### Benefit Payment Example - High Plan

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>	High Benefit Amount
Ambulance (ground)	\$400
Emergency Care	\$200
Physician Follow-Up (\$200 x 2)	\$400
Medical Testing	\$250
Concussion	\$500
Broken Tooth (repaired by crown)	\$600
Benefits paid by MetLife Group Accident Insurance	\$2,350

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

#### **Questions & Answers**

- Q. How do I enroll?
- A. Enroll for coverage through your employer.
- 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.



- <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. Additional restrictions may apply to dependents serving in the armed forces or living overseas. 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. 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.

