

Accident Insurance

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

**Samuel and Son
Employee Paid**

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 receive¹. Here are just some of the covered events/services².

Accidental Injury Benefits	Low Plan Benefits	High Plan Benefits
Fracture Benefit*	\$50 – \$3,000 depending on the fracture and type of repair	\$200 – \$10,000 depending on the fracture and type of repair
Dislocation Benefit*	\$50 – \$3,000 depending on the dislocation and type of repair	\$200 – \$10,000 depending on the dislocation and type of repair
Concussion Benefit	\$200	\$500
Laceration Benefit	\$25 – \$200 depending on the length of the cut and type of repair	\$75 – \$700 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$100 Filling \$25 Extraction \$50	Crown \$300 Filling \$50 Extraction \$150
Eye Injury Benefit	\$100	\$400
Accident - Medical Services & Treatment Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit	Ground: \$200 Air: \$750	Ground: \$400 Air: \$1,250
Emergency Care Benefit	\$25 – \$50 depending on location of care	\$100 – \$200 depending on location of care
Non-Emergency Initial Care Benefit	\$75	\$100
Physician Follow-Up Visit Benefit	\$50	\$100
Therapy Services Benefit (including physical therapy)	\$15	\$50
Medical Testing Benefit	\$100	\$200
Medical Appliance Benefit	\$50 – \$500 depending on the appliance	\$150 – \$1,000 depending on the appliance
Transportation Benefit	\$300	\$400
Pain Management Benefit (for epidural anesthesia)	\$50	\$100
Prosthetic Device Benefit	One device: \$500 More than one device: \$1,000	One device: \$1,000 More than one device: \$2,000
Blood/Plasma/Platelets Benefit	\$300	\$500
Surgical Repair Benefit	\$100-\$1,000 depending on the type of surgery	\$200-\$2,000 depending on the type of surgery
Exploratory Surgery Benefit	\$100	\$200



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Other Outpatient Surgery Benefit	\$150	\$400
General Anesthesia Benefit	\$50	\$0
Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$ for the day of admission	\$1,500 for the day of admission
ICU Supplemental Admission Benefit	\$ for the day of admission	\$1,500 for the day of admission
Confinement Benefit (paid for up to 15 days per accident)	\$ per day	\$300 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	\$ per day	\$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$ per day	\$200 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year	\$50 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$ per day	\$200 per day

* 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.
- Health Screening Benefit – The Health Screening Benefit is not available in all states.
- Lodging Benefit - The lodging must be at least 50 miles from the insured's primary residence.

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.

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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 ³	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
Benefits paid by MetLife Group Accident Insurance	\$1,800

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!**⁴ 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.**⁵ 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.**

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	Low Plan	High Plan
Employee	\$3.61	\$10.86
Employee & Spouse or Child	\$8.08	\$24.29
Employee & Spouse/Child(ren)	\$9.85	\$29.55

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 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.



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⁵ 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.