

Accident Insurance

Benefits that may help cover costs regardless of what may or may not be covered by your medical plan.

Accident Insurance Benefits

This plan provides protection 24 hours a day—while on or off the job.

Benefit Type ¹	Plan Benefits
Accidental Injury Benefits	
Fracture Benefit*	\$250 – \$12,000 depending on the fracture and type of repair
Dislocation Benefit*	\$250 – \$12,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$150 – \$17,500 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$750
Coma Benefit	\$15,000
Laceration Benefit	\$100 – \$800 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$400 Filling: \$75 Extraction: \$200
Eye Injury Benefit	\$500
Accident - Medical Services & Treatment Benefits	
Ambulance Benefit	Ground: \$500 Air: \$1,500
Emergency Care Benefit	\$125 – \$250 depending on location of care
Non-Emergency Initial Care Benefit	\$125
Physician Follow-Up Visit Benefit	\$125
Therapy Services Benefit (including physical therapy)	\$65 (including physical therapy)
Medical Testing Benefit	\$250
Transportation	\$300
Benefit Type	Plan Benefits
Pain Management Benefit	\$125
(for epidural anesthesia)	One device: \$750 More than one device: \$1,500
Prosthetic Device Benefit	One device: \$1,250
Blood/Plasma/Platelets	More than one device: \$2,500

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Modification Benefit	\$2,000
Blood/Plasma/Platelets Benefit	\$600
Surgical Repair Benefit	\$250 – \$2,500 depending on the type of surgery
Hospital Benefits*	
Admission Benefit	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$2,000 for the day of admission
Confinement Benefit	\$400 per day
(paid for up to 365 days per accident)	\$200 per day
ICU Supplemental Confinement Benefit	\$400 per day
Accidental Death Benefit	
Accidental Death Benefit*	\$75,000 \$225,000 for accidental death on common carrier*
Accidental Dismemberment, Functional Loss & Paralysis Benefits	
Other Benefits	
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$300 per day
Health Screening Benefit* Accident Prevention Screening Benefit* (Refer to Notes Regarding Certain Benefits for Health Screening Benefit/Accident Prevention Screening Benefit)	\$50 calendar year for completing one of the covered screenings/tests.

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

- **Fracture and Dislocation benefits** – Chip fractures may be paid at a reduced percentage of the Fracture Benefit and partial dislocations may be paid at a reduced percentage of the Dislocation Benefit. show less
- **Hospital Benefits** – “Hospital” does not include certain facilities such as nursing homes, convalescent care or extended care facilities. Please consult your certificate for details.
- The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate for details.
- **Common Carrier Benefit** - Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply.
- **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 a certain number of miles from the insured’s primary residence as defined in the certificate. show less
- **Health Screening Benefit/Accident Prevention Screening Benefit** – The Health Screening Benefit may not be available in all states. In some states, the benefit is referred to as the Accident Prevention Screening Benefit. show less
- **Organized Sports Activity Injury Benefit Rider** – The rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.

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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	
Coverage Options	Plan
Employee	\$12.84
Employee & Spouse	\$24.06
Employee & Child(ren)	\$26.13
Employee & Spouse/Child(ren)	\$37.35

¹ Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

² Covered services/treatments must be the result of an accident or sickness as defined in the certificate.

³ Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

⁴ Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

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.