Accident Insurance

La Vega Independent School District

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 in addition to any other insurance payments you may receive[1]. Here are just some of the covered events/services[2].

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	$7.30	$10.00
Employee & Spouse	$14.59	$20.01
Employee & Child(ren)	$15.32	$21.01
Employee & Spouse/Child(ren)	$22.62	$31.01

		LOW PLAN			HIGH PLAN		
BENEFIT	**BENEFIT LIMITS**	**EMPLOYEE**	**SPOUSE**	**CHILD**	**EMPLOYEE**	**SPOUSE**	**CHILD**
ACCIDENTAL DEATH BENEFITS CATEGORY							
Basic Accidental Death	N/A	$50,000	$25,000	$10,000	$100,000	$50,000	$20,000
Accidental Death Common Carrier		$100,000	$50,000	$20,000	$200,000	$100,000	$40,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	$750	$750	$750	$1,000	$1,000	$1,000
Loss of one arm or one leg		$10,000	$10,000	$10,000	$15,000	$15,000	$15,000
Loss of one hand or one foot		$10,000	$10,000	$10,000	$15,000	$15,000	$15,000
Loss of two or more fingers or toes		$1,500	$1,500	$1,500	$2,000	$2,000	$2,000
Loss of sight in one eye		$10,000	$10,000	$10,000	$15,000	$15,000	$15,000
Loss of hearing in one ear		$10,000	$10,000	$10,000	$15,000	$15,000	$15,000
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of both arms or both legs or one arm and one leg	N/A	$20,000	$20,000	$20,000	$40,000	$40,000	$40,000
Loss of both hands or both feet or one hand and one foot		$20,000	$20,000	$20,000	$40,000	$40,000	$40,000
Loss of sight in both eyes		$20,000	$20,000	$20,000	$40,000	$40,000	$40,000
Loss of hearing in both ears		$20,000	$20,000	$20,000	$40,000	$40,000	$40,000
Loss of ability to speak		$20,000	$20,000	$20,000	$40,000	$40,000	$40,000
Paralysis Benefit							
One Limb (monoplegia)	N/A	$2,500	$2,500	$2,500	$5,000	$5,000	$5,000

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Two Limbs (paraplegia or hemiplegia)		$10,000	$10,000	$10,000	$20,000	$20,000	$20,000
Four Limbs (quadriplegia)		$20,000	$20,000	$20,000	$40,000	$40,000	$40,000

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
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.	$1,000	$2,000
Skull Fracture - depressed (except bones of face or nose)		$4,125	$8,250
Skull Fracture - non depressed (except bones of face or nose)		$2,500	$5,000
Lower Jaw, Mandible (except alveolar process)		$750	$1,200
Upper Jaw, Maxilla (except alveolar process)		$1,000	$2,000
Upper Arm between Elbow and Shoulder (humerus)		$1,000	$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		$750	$1,200
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		$750	$1,000
Rib		$750	$1,000
Finger, Toe		$225	$450
Vertebrae, Body of (excluding vertebral processes)		$1,500	$2,250
Vertebral Process		$600	$1,200
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		$1,500	$2,250
Hip, Thigh (femur)		$4,000	$5,000
Coccyx		$500	$750
Leg (tibia and/or fibula)		$1,500	$2,250
Kneecap (patella)		$500	$900
Ankle		$500	$900
Foot (except toes)		$500	$900
Chip Fracture		25%	25%
Fracture Benefit (Open)			
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.	$2,000	$4,000
Skull Fracture - depressed (except bones of face or nose)		$8,250	$16,500
Skull Fracture - non depressed (except bones of face or nose)		$5,000	$10,000

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Lower Jaw, Mandible (except alveolar process)		$1,500	$2,400
Upper Jaw, Maxilla (except alveolar process)		$2,000	$4,000
Upper Arm between Elbow and Shoulder (humerus)		$2,000	$4,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		$1,500	$2,400
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		$1,500	$2,000
Rib		$1,500	$2,000
Finger, Toe		$450	$900
Vertebrae, Body of (excluding vertebral processes)		$3,000	$4,500
Vertebral Process		$1,200	$2,400
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		$3,000	$4,500
Hip, Thigh (femur)		$8,000	$10,000
Coccyx		$1,000	$1,500
Leg (tibia and/or fibula)		$3,000	$4,500
Kneecap (patella)		$1,000	$1,800
Ankle		$1,000	$1,800
Foot (except toes)		$1,000	$1,800
Chip Fracture		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.	$750	$1,000
Collarbone (sternoclavicular)		$1,000	$1,500
Collarbone (acromioclavicular and separation)		$750	$1,000
Shoulder (glenohumeral)		$750	$1,200
Rib		$750	$1,000
Elbow		$750	$1,200
Wrist		$750	$1,200
Bone or Bones of the Hand (other than fingers)		$750	$1,200
Hip		$4,000	$6,000
Knee (except patella)		$2,000	$3,000
Ankle - Bone or bones of the Foot (other than toes)		$750	$1,500
One Toe or Finger		$150	$300
Partial Dislocation		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	$1,500	$2,000
Collarbone (sternoclavicular)		$2,000	$3,000

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Collarbone (acromioclavicular and separation)	more than 2 times the highest Dislocation Benefit.	$1,500	$2,000
Shoulder (glenohumeral)		$1,500	$2,400
Rib		$1,500	$2,000
Elbow		$1,500	$2,400
Wrist		$1,500	$2,400
Bone or Bones of the Hand (other than fingers)		$1,500	$2,400
Hip		$8,000	$12,000
Knee (except patella)		$4,000	$6,000
Ankle - Bone or bones of the Foot (other than toes)		$1,500	$3,000
One Toe or Finger		$300	$600
Partial Dislocation		25%	25%
Burn Benefit			
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	$500	$1,000
2nd Degree 10-25% surface skin burnt		$1,000	$1,500
2nd Degree 25-35% surface skin burnt		$1,000	$1,500
2nd Degree 35% or more of surface skin burnt		$1,000	$1,500
3rd Degree w/ less than 10% of surface skin burnt		$6,000	$9,000
3rd Degree 10-25% surface skin burnt		$10,000	$15,000
3rd Degree 25-35% surface skin burnt		$15,000	$25,000
3rd Degree 35% or more of surface skin burnt		$18,000	$27,000
Concussion Benefit			
Concussion	1 time(s) per calendar year	$450	$600
Coma Benefit			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	$10,000	$20,000
Laceration Benefit			
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	$50	$75
Repaired by stitches but less than 2 inches long		$75	$125
Repaired by stitches and 2-6 inches long		$300	$350
Repaired by stitches and over 6 inches long		$600	$700
Puncture Wound Benefit			
Puncture Wound	1 time(s) per accident; 3 time(s) per calendar year	$200	$250
Broken Tooth Benefit			
Crown	1 time(s) per accident;	$225	$300

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	Unlimited time(s) per calendar year (applies to all procedures)		
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$100	$150
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$25	$50
Eye Injury Benefit			
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	$300	$400

		LOW PLAN	HIGH PLAN
BENEFIT	**BENEFIT LIMITS**	**ALL COVERED PERSONS**	**ALL COVERED PERSONS**
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY			
Ground Ambulance Benefit			
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	$300	$400
Air Ambulance Benefit			
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	$1,000	$1,250
Emergency Care Benefit			
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	$150	$200
Physician's Office		$150	$200
Urgent Care		$150	$200
Non-Emergency Initial Care Benefit			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	$75	$100
Medical Testing Benefit			
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	$150	$200
Physician Follow-Up Benefit			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	$75	$100
Transportation Benefit			
Transportation	1 time(s) per accident;	$300	$400

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	2 time(s) per calendar year		
Therapy Services Benefit			
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	$35	$50
Chiropractic Therapy		$35	$50
Cognitive Behavioral Therapy		$35	$50
Occupational Therapy		$35	$50
Physical Therapy		$35	$50
Respiratory therapy		$35	$50
Speech Therapy		$35	$50
Vocational Therapy		$35	$50
Pain Benefit			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	$100	$150
Prosthetic Device Benefit			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	$750	$1,500
More than One Device		$1,500	$3,000
Medical Appliance Benefit			
Brace		$100	$150
Cane		$100	$150
Crutches		$100	$150
Walker - expected use < 1yr		$100	$150
Walker - expected use >=1 yr		$200	$300
Walking Boot		$100	$150
Wheel chair or motorized scooter - expected use < 1yr		$200	$300
Wheel chair or motorized scooter - expected use >=1yr		$750	$1,000
Other medical device used for Mobility		$100	$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		$750	$1,000
Modification Benefit			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	$1,000	$1,500
Blood/ Plasma/ Platelets Benefit			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	$400	$500
Surgery Benefits			

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Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	$1,500	$2,000
Surgical Repair – Hernia		$250	$300
Surgical Repair – Ruptured Disc		$750	$1,500
Surgical Repair – Skin Graft (% of Burn Benefit)		50%	50%
Surgical Repair – Torn Cartilage in Knee		$750	$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		$750	$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		$1,500	$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		$1,500	$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		$150	$200
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	$300	$400

BENEFIT	BENEFIT LIMITS	LOW PLAN ALL COVERED PERSONS	HIGH PLAN ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY			
Hospital Admission Benefit			
Admission	1 time per accident; Unlimited times per calendar year	$1,000	$1,500
ICU Supplemental Admission (paid in addition to Admission)		$2,000	$3,000
Hospital Confinement Benefit			
Confinement	30 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 30 of those days.	$200	$300
ICU Supplemental Confinement (paid in addition to Confinement)		$400	$600
Inpatient Rehabilitation Benefit			
Inpatient Rehabilitation	30 days per accident; 30 days per calendar year	$150	$200

BENEFIT	BENEFIT LIMITS	LOW PLAN ALL COVERED PERSONS	HIGH PLAN ALL COVERED PERSONS
OTHER BENEFITS CATEGORY			
Health Screening Benefit	1 time(s) per calendar year	$75	$75

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Lodging Benefit	30 day(s) per calendar year	$100	$200

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.

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