

Accident Insurance

La Feria 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 "Highest Plan") that provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

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

Benefit Type	Low Plan Benefits	Highest Plan Benefits
Accidental Injury Benefits		
Fracture Benefit*	\$100 – \$8,000 depending on the fracture and type of repair	\$250 – \$12,000 depending on the fracture and type of repair
Dislocation Benefit*	\$100 – \$8,000 depending on the dislocation and type of repair	\$250 – \$12,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin	\$150 – \$17,500 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$250	\$750
Coma Benefit	\$7,500	\$15,000
Laceration Benefit	\$50 – \$400 depending on the length of the cut and type of repair	\$100 – \$800 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$25 Extraction: \$100	Crown: \$400 Filling: \$75 Extraction: \$200
Eye Injury Benefit	\$300	\$500
Accident - Medical Services & Treatment Benefits		
Ambulance Benefit	Ground: \$300 Air: \$1,000	Ground: \$500 Air: \$1,500
Emergency Care Benefit	\$75 – \$150 depending on location of care	\$125 – \$250 depending on location of care
Non-Emergency Initial Care Benefit	\$75	\$125
Physician Follow-Up Visit Benefit	\$75	\$125
Therapy Services Benefit (including physical therapy)	\$35	\$65
Medical Testing Benefit	\$150	\$250
Medical Appliance Benefit	\$75 – \$750 depending on the appliance	\$200 – \$1,250 depending on the appliance
Transportation Benefit	\$300	\$500
Pain Management Benefit (for epidural anesthesia)	\$75	\$125
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500	One device: \$1,250 More than one device: \$2,500



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Modification Benefit	\$1,000	\$2,000
Blood/Plasma/Platelets Benefit	\$400	\$600
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery	\$250 – \$2,500 depending on the type of surgery
Exploratory Surgery Benefit	\$150	\$300
Other Outpatient Surgery Benefit	\$300	\$500
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 (paid for up to 15 days per accident)	\$200 per day	\$400 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	\$200 per day	\$400 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$150 per day	\$300 per day
Accidental Death Benefit		
Accidental Death Benefit*	\$25,000 \$75,000 for accidental death on common carrier	\$75,000 \$225,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury	\$1,250 – \$60,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs	\$30,000 – \$60,000 depending on the number of limbs
Other 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	\$100 per day	\$300 per day

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Injury 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 are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Accidental Death Benefit – Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG) and electroencephalogram (EEG).
- Lodging Benefit - The lodging must be at least 50 miles from the insured's primary residence.

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Benefit Payment Example – Highest 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 ³	Benefit Amount
Ambulance (ground)	\$500
Emergency Care	\$250
Physician Follow-Up (\$125 x 2)	\$250
Medical Testing	\$250
Concussion	\$750
Broken Tooth (repaired by crown)	\$400
Benefits paid by MetLife Group Accident Insurance	\$2,400

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!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.



Accident Insurance

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		Highest Plan
Employee	\$7.52		\$20.00
Employee & Spouse	\$13.46		\$40.37
Employee & Child(ren)	\$13.97		\$41.90
Employee & Spouse/Child(ren)	\$19.91		\$59.74

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 group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

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. 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.