# **MetLife Accident Insurance Plan Summary**

## **ACCIDENT INSURANCE BENEFITS**

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

| Benefit Type <sup>1</sup>   | Low Plan<br>MetLife Accident<br>Insurance Pays YOU                  | High Plan<br>MetLife Accident<br>Insurance Pays YOU                 |
|---|---|---|
| Injuries  |   |   |
| Fractures <sup>2</sup>  | \$50 - \$3,000  | \$100 – \$6,000   |
| Dislocations <sup>2</sup>   | \$50 – \$3,000  | \$100 – \$6,000   |
| Second and Third Degree Burns   | \$50 – \$5,000  | \$100 – \$10,000  |
| Concussions   | \$200   | \$400   |
| Cuts/Lacerations  | \$25 – \$200  | \$50 – \$400  |
| Eye Injuries  | \$200   | \$300   |
| Medical Services & Treatment  |   |   |
| Ambulance   | \$200 – \$750   | \$300 – \$1,000   |
| Emergency Care  | \$25 – \$50   | \$50 – \$100  |
| Non-Emergency Care  | \$25  | \$50  |
| Physician Follow-Up   | \$50  | \$75  |
| Therapy Services (including physical therapy)   | \$15  | \$25  |
| Medical Testing Benefit   | \$100   | \$200   |
| Medical Appliances  | \$50 – \$500  | \$100 – \$1,000   |
| Inpatient Surgery   | \$100 – \$1,000   | \$200 – \$2,000   |
| Hospital <sup>3</sup> Coverage (Accident)   |   |   |
| Admission   | \$500 – \$1,000 per accident  | \$1,000 – \$2,000 per accident                                      |
| Confinement (non-ICU confinement paid for up to 365 days. ICU confinement paid for 30 days) | \$100 (non-ICU) – \$200 (ICU) a day                                 | \$200 (non-ICU) – \$400 (ICU) a day                                 |
| Inpatient Rehab (paid per accident)   | \$100 a day, up to 15 days  | \$200 a day, up to 15 days  |
| Hospital Coverage (Sickness) <sup>4</sup>   |   |   |
| Admission (payable 1 x per calendar year)   | \$150 (non-ICU) – \$300 (ICU)                                       | \$150 (non-ICU) – \$300 (ICU)                                       |
| Confinement (paid per sickness)   | \$100 (non-ICU) – \$200 (ICU)<br>Payable up to 30 days per sickness | \$100 (non-ICU) – \$200 (ICU)<br>Payable up to 30 days per sickness |
| ADF# AI664.14   | Low Plan<br>MetLife Accident<br>Insurance Pays YOU                  | High Plan<br>MetLife Accident<br>Insurance Pays YOU                 |
| Accidental Death  |   |   |

| Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.                                     | \$25,000<br>\$75,000 for common carrier <sup>5</sup>  | \$50,000<br>\$150,000 for common carrier <sup>5</sup>   |
|---|---|---|
| Dismemberment, Loss & Paralysis   |   |   |
| Dismemberment, Loss & Paralysis   | \$250 – \$10,000 per injury   | \$500 - \$50,000 per injury   |
| Other Benefits  |   |   |
| Lodging <sup>6</sup> - Pays for lodging for companion up to 30 nights per calendar year  Health Screening Benefit (Wellness) <sup>7</sup> | \$100 per night, up to 30 nights; up to<br>\$3,000 in total lodging benefits available<br>per calendar year | \$200 per night, up to 30 nights; up to<br>\$6,000 in total lodging benefits available per<br>calendar year |
| benefit provided if the covered insured takes one of the covered screening/prevention tests   | \$50<br>Payable 1x per calendar year  | \$100<br>Payable 1x per calendar year   |

#### BENEFIT PAYMENT EXAMPLE

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room 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>1</sup>                           | Benefit<br>Amount <sup>8</sup> |
|--|--------------------------------|
| Ambulance (ground)                                   | \$300                          |
| Emergency Care                                       | \$100                          |
| Physician Follow-Up (\$75 x 2)                       | \$150                          |
| Medical Testing                                      | \$200                          |
| Concussion   | \$400                          |
| Broken Tooth (repaired by crown)                     | \$200                          |
| Benefits paid by MetLife<br>Group Accident Insurance | \$1,350                        |

### **INSURANCE RATES**

MetLife offers competitive group rates and convenient 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                     | \$7.20              | \$13.42   |
| Employee & Spouse            | \$10.98             | \$20.64   |
| Employee & Child(ren)        | \$12.80             | \$24.02   |
| Employee & Spouse/Child(ren) | \$17.06             | \$32.04   |

#### **QUESTIONS & ANSWERS**

#### Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members! You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

#### How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

#### What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you. 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.

#### Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 11:00 p.m., EST. Individuals with a TTY may call 1-800-855-2880.

Please call MetLife directly at 1-855-JOIN-MET (1-855-564-6638), Monday through Friday from 8:00 a.m. to 11 p.m., EST and talk with a benefits consultant.

<sup>2</sup> Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

<sup>4</sup> Not available in all states.

<sup>3</sup> Benefit amount is based on a sample MetLife plan design. Actual plan design and plan benefits may vary.

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 is a preexisting condition exclusion for hospital sickness benefits, if applicable. There are benefit reductions that begin at age 65. And, like most group accident and health insurance policies, polices offered by MetLife 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, New York. In certain states, availability of MetLife's Group Accident Insurance is pending regulatory approval.

L0315413662[exp0516][All States]
© 2015 METLIFE, INC.
Metropolitan Life Insurance Company, New York, NY 10166

<sup>1</sup> Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See the Outline of Coverage for more details.

<sup>&</sup>lt;sup>3</sup> Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

<sup>&</sup>lt;sup>5</sup> Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Outline of Coverage for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

<sup>&</sup>lt;sup>6</sup> Provides a benefit for lodging for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

<sup>&</sup>lt;sup>7</sup> The Health Screening Benefit is not available in all states. In most states where the benefit is available there is a one month waiting period for the Health Screening Benefit.

<sup>&</sup>lt;sup>9</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 apply to dependents serving in the armed forces or living overseas.