



**Benefit
Office**

**Plan Year
2021-2022**

**Accident
Plan Summary**



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

ACCIDENT-ONLY-COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

**THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

OUTLINE OF COVERAGE

- 1) Read Your Certificate Carefully** - This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Accident-only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- 3) Benefits:** The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed. Benefits are payable for injuries that result directly from an accident that occurs after coverage takes effect under the Certificate.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, “you” and “your” refer to the employee who becomes insured for accident-only insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the Certificate.

Accident Insurance Benefits Summary

Accidental Injury Benefits	Plan Benefits
Fracture Benefit*	\$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$100 – \$8,000 depending on the dislocation and type of repair
Concussion Benefit	\$250
Laceration Benefit	\$50 – \$400 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$200 Filling \$25 Extraction \$100
Eye Injury Benefit	\$300
Accident - Medical Services & Treatment Benefits	Plan Benefits
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Physician Follow-Up Visit Benefit	\$75
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$300
Pain Management Benefit	\$75
Prosthetic Device Benefit	One device: \$750
	More than one device: \$1,500
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150-\$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$150
Other Outpatient Surgery Benefit	\$300
Hospital Benefits	Plan Benefits
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$2,000 for the day of admission
Confinement Benefit (paid for up to 15 days per accident)	\$250 per day

ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	\$250 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$200 per day
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Plan Benefits
Functional Loss for Coma Benefit	\$7,500
Functional Loss for Burn Benefit	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Dismemberment/Functional Loss	\$1,000 – \$50,000 depending on the injury
Paralysis	\$20,000 - \$50,000 depending on the number of limbs
Other Benefits	Plan Benefits
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

- 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.
- Lodging benefit – the lodging must be at least 50 miles from insured’s primary residence.

4) Exclusions and limitations:

The Certificate does not provide benefits for any loss for a covered person caused or contributed to by:

- the covered person’s being under the influence of any:
 - narcotic, unless:
 - administered on the advice of a physician;
 - the covered person being intoxicated;
- suicide, attempted suicide or the covered person’s intentionally self-inflicted injury;
- war or act of war, (whether declared or undeclared);
- the covered person’s participation in a felony, riot or insurrection;
- the covered person’s engagement in an illegal occupation;
- cosmetic Surgery, except when such surgery is performed to:
 - reconstruct a part of the body which was disfigured or removed as a result of an injury;
- the covered person’s mental or emotional disorder, alcoholism or drug addiction;
- the covered person’s service in the armed forces or any auxiliary unit of the armed forces;
- aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline; [or]
- the covered person job related or on the job injury, to the extent that the covered person is eligible for, or compensated by, state or federal worker’s compensation, employer’s liability or occupational disease law for such injury.

In addition, the Certificate does not provide benefits for:

- services or treatment received outside of the United States, Canada or Mexico

5) When your insurance ends. Your insurance will end if: The Group Policy ends; you die; insurance ends for your class; you cease to be in an eligible class; or your employment ends.

6) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

Accident Insurance

Benefits that may help cover costs resulting from accidental injuries not covered by your medical plan.

Accident Insurance Benefits

With MetLife, you'll have Accident Insurance that provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

BENEFIT AMOUNTS				
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY				
Basic Dismemberment/Functional Loss Benefit				
Loss of one finger or one toe	N/A	\$1,000	\$1,000	\$1,000
Loss of one arm or one leg		\$15,000	\$15,000	\$15,000
Loss of one hand or one foot		\$15,000	\$15,000	\$15,000
Loss of two or more fingers or toes		\$2,000	\$2,000	\$2,000
Loss of sight in one eye		\$15,000	\$15,000	\$15,000
Loss of hearing in one ear		\$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	\$50,000	\$50,000	\$50,000
Loss of both hands or both feet or one hand and one foot		\$50,000	\$50,000	\$50,000
Loss of sight in both eyes		\$50,000	\$50,000	\$50,000
Loss of hearing in both ears		\$50,000	\$50,000	\$50,000
Loss of ability to speak		\$50,000	\$50,000	\$50,000
Paralysis Benefit				
Two Limbs (paraplegia or hemiplegia)	N/A	\$20,000	\$20,000	\$20,000
Four Limbs (quadriplegia)		\$50,000	\$50,000	\$50,000
BENEFIT AMOUNTS				
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
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	\$1,000	\$1,000
Skull Fracture - depressed (except bones of face or nose)		\$4,000	\$4,000	\$4,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,000	\$2,000	\$2,000
Lower Jaw, Mandible (except alveolar process)		\$750	\$750	\$750
Upper Jaw, Maxilla (except alveolar process)		\$1,000	\$1,000	\$1,000

Accident Insurance

Upper Arm between Elbow and Shoulder (humerus)		\$1,000	\$1,000	\$1,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$750	\$750	\$750
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$750	\$750	\$750
Rib		\$750	\$750	\$750
Finger, Toe		\$100	\$100	\$100
Vertebrae, Body of (excluding vertebral processes)		\$1,500	\$1,500	\$1,500
Vertebral Process		\$500	\$500	\$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$1,500	\$1,500	\$1,500
Hip, Thigh (femur)		\$4,000	\$4,000	\$4,000
Coccyx		\$500	\$500	\$500
Leg (tibia and/or fibula)		\$1,500	\$1,500	\$1,500
Kneecap (patella)		\$500	\$500	\$500
Ankle		\$500	\$500	\$500
Foot (except toes)		\$500	\$500	\$500
Chip Fracture		25%	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	\$2,000	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$8,000	\$8,000	\$8,000
Skull Fracture - non depressed (except bones of face or nose)		\$4,000	\$4,000	\$4,000
Lower Jaw, Mandible (except alveolar process)		\$1,500	\$1,500	\$1,500
Upper Jaw, Maxilla (except alveolar process)		\$2,000	\$2,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$2,000	\$2,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,500	\$1,500	\$1,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,500	\$1,500	\$1,500
Rib		\$1,500	\$1,500	\$1,500
Finger, Toe		\$200	\$200	\$200
Vertebrae, Body of (excluding vertebral processes)		\$3,000	\$3,000	\$3,000
Vertebral Process		\$1,000	\$1,000	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$3,000	\$3,000	\$3,000
Hip, Thigh (femur)		\$8,000	\$8,000	\$8,000

Accident Insurance

Coccyx		\$1,000	\$1,000	\$1,000
Leg (tibia and/or fibula)		\$3,000	\$3,000	\$3,000
Kneecap (patella)		\$1,000	\$1,000	\$1,000
Ankle		\$1,000	\$1,000	\$1,000
Foot (except toes)		\$1,000	\$1,000	\$1,000
Chip Fracture		25%	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	\$750	\$750
Collarbone (sternoclavicular)		\$1,000	\$1,000	\$1,000
Collarbone (acromioclavicular and separation)		\$750	\$750	\$750
Shoulder (glenohumeral)		\$750	\$750	\$750
Rib		\$750	\$750	\$750
Elbow		\$750	\$750	\$750
Wrist		\$750	\$750	\$750
Bone or Bones of the Hand (other than fingers)		\$750	\$750	\$750
Hip		\$4,000	\$4,000	\$4,000
Knee (except patella)		\$2,000	\$2,000	\$2,000
Ankle - Bone or bones of the Foot (other than toes)		\$750	\$750	\$750
One Toe or Finger		\$100	\$100	\$100
Partial Dislocation		25%	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 more than 2 times the highest Dislocation Benefit.	\$1,500	\$1,500	\$1,500
Collarbone (sternoclavicular)		\$2,000	\$2,000	\$2,000
Collarbone (acromioclavicular and separation)		\$1,500	\$1,500	\$1,500
Shoulder (glenohumeral)		\$1,500	\$1,500	\$1,500
Rib		\$1,500	\$1,500	\$1,500
Elbow		\$1,500	\$1,500	\$1,500
Wrist		\$1,500	\$1,500	\$1,500
Bone or Bones of the Hand (other than fingers)		\$1,500	\$1,500	\$1,500
Hip		\$8,000	\$8,000	\$8,000
Knee (except patella)		\$4,000	\$4,000	\$4,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,500	\$1,500	\$1,500
One Toe or Finger		\$200	\$200	\$200
Partial Dislocation		25%	25%	25%
Burn Benefit				

Accident Insurance

2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$75	\$75	\$75
2nd Degree 10-25% surface skin burnt		\$150	\$150	\$150
2nd Degree 25-35% surface skin burnt		\$500	\$500	\$500
2nd Degree 35% or more of surface skin burnt		\$1,000	\$1,000	\$1,000
3rd Degree w/ less than 10% of surface skin burnt		\$1,000	\$1,000	\$1,000
3rd Degree 10-25% surface skin burnt		\$1,500	\$1,500	\$1,500
3rd Degree 25-35% surface skin burnt		\$5,000	\$5,000	\$5,000
3rd Degree 35% or more of surface skin burnt		\$10,000	\$10,000	\$10,000
Concussion Benefit				
Concussion	1 time(s) per calendar year	\$250	\$250	\$250
Coma Benefit				
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$7,500	\$7,500	\$7,500
Laceration Benefit				
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$50	\$50	\$50
Repaired by stiches but less than 2 inches long		\$75	\$75	\$75
Repaired by stiches and 2-6 inches long		\$200	\$200	\$200
Repaired by stiches and over 6 inches long		\$400	\$400	\$400
Broken Tooth Benefit				
Crown	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$200	\$200	\$200
Extraction	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$100	\$100	\$100
Filling	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$25	\$25	\$25
Eye Injury Benefit				
Eye Injury	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$300	\$300

		BENEFIT AMOUNTS		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY				
Ground Ambulance Benefit				

Accident Insurance

Ground Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$300	\$300
Air Ambulance Benefit				
Air Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$1,000	\$1,000	\$1,000
Emergency Care Benefit				
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit)	\$150	\$150	\$150
Physician's Office		\$75	\$75	\$75
Urgent Care		\$75	\$75	\$75
Medical Testing Benefit				
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	1 time(s) per accident; 2 time(s) per calendar year	\$150	\$150	\$150
Physician Follow-Up Benefit				
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$75	\$75	\$75
Transportation Benefit				
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$300	\$300
Therapy Services Benefit				
Cognitive Behavioral Therapy	10 time(s) per accident; 15 time(s) per calendar year	\$35	\$35	\$35
Occupational Therapy		\$35	\$35	\$35
Physical Therapy		\$35	\$35	\$35
Respiratory therapy		\$35	\$35	\$35
Speech Therapy		\$35	\$35	\$35
Vocational Therapy		\$35	\$35	\$35
Pain Benefit				
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$75	\$75	\$75
Prosthetic Device Benefit				
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$750	\$750	\$750
More than One Device		\$1,500	\$1,500	\$1,500
Medical Appliance Benefit				
Brace	None	\$75	\$75	\$75
Cane		\$75	\$75	\$75
Crutches		\$75	\$75	\$75

Accident Insurance

Walker - expected use < 1yr		\$150	\$150	\$150
Walker - expected use >=1 yr		\$300	\$300	\$300
Walking Boot		\$75	\$75	\$75
Wheel chair or motorized scooter - expected use < 1yr		\$200	\$200	\$200
Wheel chair or motorized scooter - expected use >=1yr		\$750	\$750	\$750
Other medical device used for Mobility		\$75	\$75	\$75
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$750	\$750	\$750
Blood/ Plasma/ Platelets Benefit				
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$400	\$400
Surgery Benefits				
Surgical Repair – Cranial		\$1,500	\$1,500	\$1,500
Surgical Repair – Hernia		\$150	\$150	\$150
Surgical Repair – Ruptured Disc		\$750	\$750	\$750
Surgical Repair – Torn Cartilage in Knee		\$750	\$750	\$750
Surgical Repair – Torn tendon/ligament/rotator cuff - one	1 time(s) per accident; 2 time(s) per calendar year	\$750	\$750	\$750
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,500	\$1,500	\$1,500
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,500	\$1,500	\$1,500
Exploratory Surgery (for any Surgery Benefit procedure)		\$150	\$150	\$150
Other Outpatient Surgery Benefit				
Other Outpatient Surgery Benefit	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$300	\$300
			BENEFIT AMOUNTS	
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
ACCIDENT – HOSPITAL BENEFITS CATEGORY				
Hospital Admission Benefit				
Admission	1 time per accident;	\$1,000	\$1,000	\$1,000
ICU Supplemental Admission (paid in addition to Admission)	Unlimited times per calendar year	\$2,000	\$1,000	\$1,000
Hospital Confinement Benefit				
Confinement	15 days per accident. Payable	\$250	\$200	\$200

Accident Insurance

ICU Supplemental Confinement (paid in addition to Confinement)	after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$250	\$200	\$200
Inpatient Rehabilitation Benefit				
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$200	\$150	\$150
BENEFIT AMOUNTS				
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
OTHER BENEFITS CATEGORY				
Lodging Benefit	15 day(s) per calendar year	\$100	\$100	\$100

Please contact MetLife for detailed definitions and state variations of covered benefits.

* 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.
- Hospital Benefits – 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.
- 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.
- Common Carrier Benefit - Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document 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.
- Lodging Benefit - It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.

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)	\$300
Emergency Care	\$150
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$150
Concussion	\$250
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,250

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

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

¹ Covered services/treatments must be the result of a covered accident 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) if the employee meets the eligibility requirement under the plan, 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.

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 GPNP16-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.

