

## Accident Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

Montgomery County

### Accident Insurance Benefits

With MetLife, you'll have a choice of two plans called the Low Plan that provide payments in addition to any other insurance payments you may receive<sup>1</sup>. Here are just some of the covered events/services<sup>2</sup>.

LOW PLAN				
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL DEATH BENEFITS CATEGORY</b>				
Basic Accidental Death	N/A	\$25,000	\$12,500	\$5,000
Accidental Death Common Carrier		\$75,000	\$37,500	\$15,000
<b>ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY</b>				
<b>Basic Dismemberment/Functional Loss Benefit</b>				
Loss of one finger or one toe	N/A	\$750	\$750	\$750
Loss of one arm or one leg		\$10,000	\$10,000	\$10,000
Loss of one hand or one foot		\$10,000	\$10,000	\$10,000
Loss of two or more fingers or toes		\$1,500	\$1,500	\$1,500
Loss of sight in one eye		\$10,000	\$10,000	\$10,000
Loss of hearing in one ear		\$10,000	\$10,000	\$10,000
<b>Catastrophic Dismemberment/Functional Loss Benefit</b>				
Loss of both arms or both legs or one arm and one leg	N/A	\$20,000	\$20,000	\$20,000
Loss of both hands or both feet or one hand and one foot		\$20,000	\$20,000	\$20,000
Loss of sight in both eyes		\$20,000	\$20,000	\$20,000
Loss of hearing in both ears		\$20,000	\$20,000	\$20,000
Loss of ability to speak		\$20,000	\$20,000	\$20,000
<b>Paralysis Benefit</b>				
Two Limbs (paraplegia or hemiplegia)	N/A	\$10,000	\$10,000	\$10,000
Four Limbs (quadriplegia)		\$20,000	\$20,000	\$20,000



## Accident Insurance

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

## Accident Insurance

Rib		\$1,500
Finger, Toe		\$200
Vertebrae, Body of (excluding vertebral processes)		\$3,000
Vertebral Process		\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$3,000
Hip, Thigh (femur)		\$8,000
Coccyx		\$1,000
Leg (tibia and/or fibula)		\$3,000
Kneecap (patella)		\$1,000
Ankle		\$1,000
Foot (except toes)		\$1,000
Chip Fracture		25%
<b>Dislocation Benefit (Closed)</b>		
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
Collarbone (sternoclavicular)		\$1,000
Collarbone (acromioclavicular and separation)		\$750
Shoulder (glenohumeral)		\$750
Rib		\$750
Elbow		\$750
Wrist		\$750
Bone or Bones of the Hand (other than fingers)		\$750
Hip		\$4,000
Knee (except patella)		\$2,000
Ankle - Bone or bones of the Foot (other than toes)		\$750
One Toe or Finger		\$100
Partial Dislocation		25%
<b>Dislocation Benefit (Open)</b>		
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
Collarbone (sternoclavicular)		\$2,000
Collarbone (acromioclavicular and separation)		\$1,500
Shoulder (glenohumeral)		\$1,500
Rib		\$1,500
Elbow		\$1,500
Wrist		\$1,500
Bone or Bones of the Hand (other than fingers)		\$1,500

## Accident Insurance

Hip		\$8,000
Knee (except patella)		\$4,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,500
One Toe or Finger		\$200
Partial Dislocation		25%
<b>Burn Benefit</b>		
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$75
2nd Degree 10-25% surface skin burnt		\$150
2nd Degree 25-35% surface skin burnt		\$500
2nd Degree 35% or more of surface skin burnt		\$1,000
3rd Degree w/ less than 10% of surface skin burnt		\$1,000
3rd Degree 10-25% surface skin burnt		\$1,500
3rd Degree 25-35% surface skin burnt		\$5,000
3rd Degree 35% or more of surface skin burnt		\$10,000
<b>Concussion Benefit</b>		
Concussion	1 time(s) per calendar year	\$250
<b>Coma Benefit</b>		
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$7,500
<b>Laceration Benefit</b>		
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$50
Repaired by stiches but less than 2 inches long		\$75
Repaired by stiches and 2-6 inches long		\$200
Repaired by stiches and over 6 inches long		\$400
<b>Broken Tooth Benefit</b>		
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$200
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$100
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$25
<b>Eye Injury Benefit</b>		
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$300

## Accident Insurance

		LOW PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
<b>MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY</b>		
<b>Ground Ambulance Benefit</b>		
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$300
<b>Air Ambulance Benefit</b>		
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000
<b>Emergency Care Benefit</b>		
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$150
Physician's Office		\$75
Urgent Care		\$75
<b>Non-Emergency Initial Care Benefit</b>		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$75
<b>Medical Testing Benefit</b>		
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$150
<b>Physician Follow-Up Benefit</b>		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$75
<b>Transportation Benefit</b>		
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$300
<b>Therapy Services Benefit</b>		
Cognitive Behavioral Therapy	10 time(s) per accident; Unlimited time(s) per calendar year	\$35
Occupational Therapy		\$35
Physical Therapy		\$35
Respiratory therapy		\$35
Speech Therapy		\$35
Vocational Therapy		\$35
<b>Pain Benefit</b>		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident;	\$75

## Accident Insurance

	Unlimited time(s) per calendar year		
<b>Prosthetic Device Benefit</b>			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$750	
More than One Device		\$1,500	
<b>Medical Appliance Benefit</b>			
Brace		\$75	
Cane		\$75	
Crutches		\$75	
Walker - expected use < 1yr		\$150	
Walker - expected use >=1 yr		\$300	
Walking Boot		\$75	
Wheel chair or motorized scooter - expected use < 1yr		\$200	
Wheel chair or motorized scooter - expected use >=1yr		\$750	
Other medical device used for Mobility		\$75	
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$750	
<b>Modification Benefit</b>			
Modification		1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000
<b>Blood/ Plasma/ Platelets Benefit</b>			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	
<b>Surgery Benefits</b>			
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500	
Surgical Repair – Hernia		\$150	
Surgical Repair – Ruptured Disc		\$750	
Surgical Repair – Skin Graft (% of Burn Benefit )		50%	
Surgical Repair – Torn Cartilage in Knee		\$750	
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$750	
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,500	
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,500	
Exploratory Surgery (for any Surgery Benefit procedure)		\$150	
<b>Other Outpatient Surgery Benefit</b>			

## Accident Insurance

Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$300
----------------------------------	--	-------

		LOW PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
<b>ACCIDENT – HOSPITAL BENEFITS CATEGORY</b>		
<b>Hospital Admission Benefit</b>		
Admission	1 time per accident; Unlimited times per calendar year	\$1,000
ICU Supplemental Admission (paid in addition to Admission)		\$1,000
<b>Hospital Confinement Benefit</b>		
Confinement	15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$200
ICU Supplemental Confinement (paid in addition to Confinement)		\$200
<b>Inpatient Rehabilitation Benefit</b>		
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$150

		LOW PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
<b>OTHER BENEFITS CATEGORY</b>		
Lodging Benefit	15 day(s) per calendar year	\$100

### 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

- 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 – 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 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<sup>3</sup>

Benefit Amount (LOW PLAN)



## Accident Insurance

Ambulance (ground)	\$300
Emergency Care	\$150
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$150
Concussion	\$250
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,200

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

## Questions & Answers

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

A. You are eligible to enroll yourself and your eligible family members!<sup>4</sup> 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.<sup>5</sup> 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. Please call MetLife directly at Monday through Friday from 8:00 a.m. to 8 p.m., EST and talk with a benefits consultant.

## 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
Employee		\$7.39
Employee & Spouse		\$14.54
Employee & Child(ren)		\$17.49
Employee & Spouse/Child(ren)		\$20.63

<sup>1</sup> 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.

<sup>2</sup> Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

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

<sup>4</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. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

<sup>5</sup> 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 the age of 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.