

Accident Insurance



Benefits that may help cover your expenses when you're injured due to an accident which may not be covered by your medical plan.

Accident Insurance Benefits

With MetLife, you'll have a plan that provides 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/ DOMESTIC PARTNER	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY				
Basic Accidental Death	N/A	\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier		\$150,000	\$75,000	\$30,000
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	\$40,000	\$40,000	\$40,000
Loss of both hands or both feet or one hand and one foot		\$40,000	\$40,000	\$40,000
Loss of sight in both eyes		\$40,000	\$40,000	\$40,000
Loss of hearing in both ears		\$40,000	\$40,000	\$40,000
Loss of ability to speak		\$40,000	\$40,000	\$40,000
Paralysis Benefit				
Two Limbs (paraplegia or hemiplegia)	N/A	\$20,000	\$20,000	\$20,000
Four Limbs (quadriplegia)		\$40,000	\$40,000	\$40,000



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		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	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.	\$1,375
Skull Fracture - depressed (except bones of face or nose)		\$4,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,250
Lower Jaw, Mandible (except alveolar process)		\$750
Upper Jaw, Maxilla (except alveolar process)		\$1,375
Upper Arm between Elbow and Shoulder (humerus)		\$1,375
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$750
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,250
Rib		\$750
Finger, Toe		\$138
Vertebrae, Body of (excluding vertebral processes)		\$2,250
Vertebral Process		\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,250
Hip, Thigh (femur)		\$4,000
Coccyx		\$750
Leg (tibia and/or fibula)		\$2,250
Kneecap (patella)		\$750
Ankle		\$750
Foot (except toes)		\$750
Chip Fracture		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.	\$2,750
Skull Fracture - depressed (except bones of face or nose)		\$8,000
Skull Fracture - non depressed (except bones of face or nose)		\$4,500
Lower Jaw, Mandible (except alveolar process)		\$1,500
Upper Jaw, Maxilla (except alveolar process)		\$2,750
Upper Arm between Elbow and Shoulder (humerus)		\$2,750
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,500

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		BENEFIT AMOUNTS	
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	
Fracture Benefit (Open)			
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$2,500	
Rib		\$1,500	
Finger, Toe		\$275	
Vertebrae, Body of (excluding vertebral processes)		\$4,500	
Vertebral Process		\$1,500	
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$4,500	
Hip, Thigh (femur)		\$8,000	
Coccyx		\$1,500	
Leg (tibia and/or fibula)		\$4,500	
Kneecap (patella)		\$1,500	
Ankle		\$1,500	
Foot (except toes)		\$1,500	
Chip Fracture		25%	
Dislocation Benefit (Closed)			
Lower Jaw		\$500	
Collarbone (sternoclavicular)		\$1,000	
Collarbone (acromioclavicular and separation)		\$500	
Shoulder (glenohumeral)		\$1,200	
Rib		\$500	
Elbow	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.	\$500	
Wrist		\$500	
Bone or Bones of the Hand (other than fingers)		\$500	
Hip		\$3,000	
Knee (except patella)		\$2,000	
Ankle - Bone or bones of the Foot (other than toes)		\$1,000	
One Toe or Finger		\$100	
Partial Dislocation		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.	\$1,000
Collarbone (sternoclavicular)	\$2,000		
Collarbone (acromioclavicular and separation)	\$1,000		

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		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
Shoulder (glenohumeral)		\$2,400
Rib		\$1,000
Elbow		\$1,000
Wrist		\$1,000
Bone or Bones of the Hand (other than fingers)		\$1,000
Hip		\$6,000
Knee (except patella)		\$4,000
Ankle - Bone or bones of the Foot (other than toes)		\$2,000
One Toe or Finger		\$200
Partial Dislocation		25%
Burn Benefit		
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$150
2nd Degree 10-25% surface skin burnt		\$300
2nd Degree 25-35% surface skin burnt		\$750
2nd Degree 35% or more of surface skin burnt		\$1,500
3rd Degree w/ less than 10% of surface skin burnt		\$1,500
3rd Degree 10-25% surface skin burnt		\$3,000
3rd Degree 25-35% surface skin burnt		\$7,500
3rd Degree 35% or more of surface skin burnt		\$15,000
Concussion Benefit		
Concussion	1 time(s) per calendar year	\$600
Coma Benefit		
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$15,000
Laceration Benefit		
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$75
Repaired by stiches but less than 2 inches long		\$150
Repaired by stiches and 2-6 inches long		\$300
Repaired by stiches and over 6 inches long		\$600
Broken Tooth Benefit		
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$500
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$150

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		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$75
Eye Injury Benefit		
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$400

		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	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	\$400
Air Ambulance Benefit		
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000
Emergency Care Benefit		
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit)	\$250
Physician's Office		\$100
Urgent Care		\$200
Non-Emergency Initial Care Benefit		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$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	\$300
Physician Follow-Up Benefit		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$200
Transportation Benefit		
Transportation	3 time(s) per accident; 3 time(s) per calendar year	\$400
Therapy Services Benefit		
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$75
Chiropractic Therapy		\$50
Cognitive Behavioral Therapy		\$50
Occupational Therapy		\$50

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		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
Physical Therapy		\$75
Respiratory therapy		\$50
Speech Therapy		\$50
Vocational Therapy		\$50
Pain Benefit		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$150
Prosthetic Device Benefit		
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000
More than One Device		\$2,000
Medical Appliance Benefit		
Brace		\$250
Cane		\$250
Crutches		\$250
Walker - expected use < 1yr		\$250
Walker - expected use >=1 yr		\$500
Walking Boot		\$250
Wheel chair or motorized scooter - expected use < 1yr		\$300
Wheel chair or motorized scooter - expected use >=1yr		\$1,500
Other medical device used for Mobility		\$200
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,500
Modification Benefit		
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$2,000
Blood/ Plasma/ Platelets Benefit		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$300
Surgery Benefits		
Surgical Repair – Cranial		\$3,000
Surgical Repair – Hernia		\$300
Surgical Repair – Ruptured Disc	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
Surgical Repair – Skin Graft Benefit		50%
Surgical Repair – Torn Cartilage in Knee		\$1,000

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		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,500
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$3,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$300
Other Outpatient Surgery Benefit		
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$500

		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY		
Hospital Admission Benefit		
Admission	1 time per accident; Unlimited times per calendar year	\$1,000
Hospital Confinement Benefit		
Confinement	365 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 365 of those days.	\$300
ICU Supplemental Confinement (paid in addition to Confinement)		\$300
Inpatient Rehabilitation Benefit		
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$300
OTHER BENEFITS CATEGORY		
Health Screening Benefit	1 time(s) per calendar year	\$75
Lodging Benefit	30 day(s) per calendar year	\$100

Notes Regarding Certain Benefits:

- Accidental Death Benefits Category: 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 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.
- 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.

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

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 (not approved in NH.)



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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)	\$400
Emergency Care	\$250
Physician Follow-Up (\$200 x 2)	\$400
Medical Testing	\$300
Concussion	\$600
Broken Tooth (repaired by crown)	\$500
Benefits paid by MetLife Group Accident Insurance	\$2,450

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at sodexobenefitscenter.com

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. As long as you are actively at work receiving pay, premiums will be paid through payroll deduction.

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

A. Yes, you can take your coverage with you as the plan is portable.⁶ You will need to continue to pay your premiums to keep your coverage in force. Please note that your coverage will only end if you stop paying your premium.

Q. What is the coverage effective date?

A. Your coverage will begin on your benefits eligibility effective date. You can find out more by contacting the Sodexo Benefits Center at sodexobenefitscenter.com or by calling 1-855-668-5040.

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., ET.

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) 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. Children may be covered to age 26.

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. 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 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.



Accident Insurance Glossary

BASIC ACCIDENTAL DEATH BENEFIT

The plan will pay the applicable Basic Accidental Death Benefit shown in the Benefit Schedule for a Covered Person's death if:

- the death results directly from an Accident; and
- the death occurs within 180 days following the Accident.

ACCIDENTAL DEATH - COMMON CARRIER BENEFIT

MetLife will pay the applicable Accidental Death – Common Carrier Benefit shown in the Benefit Schedule, instead of the Basic Accidental Death Benefit for a Covered Person's death if:

- the death results directly from an Accident sustained by the Covered Person while:
 - a fare paying passenger on a Common Carrier; or
 - a passenger on public transportation that is a Common Carrier, for which there is no fare; and
 - the death occurs within 180 days following the Accident.
- **Common Carrier** means airplanes, trains, buses, trolleys, subways, and boats that run on a regularly scheduled basis between predetermined points or cities; and are operated by a government regulated entity.

FUNCTIONAL LOSS means any of the following:

- Loss of hearing: permanent deafness in at least one ear, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing must last for a continuous period of not less than 90 days as confirmed by a Physician.
- Loss of sight: permanent loss of sight in an eye. With correction, visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees. Loss of sight must last for a continuous period of not less than 90 days as confirmed by a Physician.
- Loss of ability to speak: total and permanent loss of audible communication (aphonia), if such loss cannot be corrected to any functional degree by any procedure, aid or device. Loss of ability to speak must last for a continuous period of not less than 90 days as confirmed by a Physician.

TRANSPORTATION BENEFIT

MetLife will pay the Transportation Benefit shown in the Benefit Schedule when a Covered Person travels more than 50 miles one way for follow-up treatment of an Injury for which MetLife pays a benefit under this plan, at a Hospital or other treatment facility, subject to all of the following:

- Mileage is measured from the Covered Person's Primary Residence to the facility where the follow-up treatment is provided.

MODIFICATION BENEFIT

If a Covered Person sustains an Injury for which MetLife paid a Dismemberment, Functional Loss or Paralysis Benefit under this Certificate, MetLife will pay the Modification Benefit shown in the Benefit Schedule for modifications made to the Covered Person's Primary Residence or vehicle, subject to all of the following:

- A Physician must certify that because of the Injury, the modification is necessary to help enable the Covered Person to live in his or her Primary Residence or travel in his or her primary vehicle.
- The modification must be made within 365 days after the Accident occurs.

BLOOD / PLASMA / PLATELETS BENEFIT

If a Covered Person sustains an Injury for which the Covered Person receives a transfusion of blood, plasma or platelets, MetLife will pay the Blood/Plasma/Platelets Benefit shown in the Benefit Schedule, subject to all of the following:

- The blood, plasma or platelets must be prescribed by a Physician on an emergency basis or provided while the Covered Person is undergoing Surgery and must be administered within 180 days after the Accident.
- MetLife will pay the Blood/Plasma/Platelets Benefit no more than 1 time per Covered Person, per Accident.

LODGING BENEFIT

If a Covered Person is Confined in a Hospital for treatment of an Injury, and a companion who accompanies the Covered Person while the Covered Person is so Confined stays in a Lodging for which a charge is made.

LODGING means an establishment licensed under the laws where it is located, such as a motel, hotel, or other facility that provides sleeping accommodations to the general public in exchange for a fee and is located at least 50 miles from the Covered Person's Primary Residence.

OPEN VS CLOSED FRACTURES AND DISLOCATIONS

Open means corrected with surgery

Closed means corrected without surgery

For additional information, please refer to the Disclosure Document and Outline of Coverage posted on sodexobenefitscenter.com. These documents will provide additional information on coverages and exclusions.