# **Accident Insurance**

X.L. America, Inc.

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 a 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>.

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
Second or Third Degree Burn Benefit	\$50 – \$5,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$200
Coma Benefit	\$5,000
Laceration Benefit	\$25 – \$200 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$100 Filling \$15 Extraction \$50
Eye Injury Benefit	\$200
Accident - Medical Services & Treatment Benefits	Plan Benefits
Ambulance Benefit	Ground: \$200 Air: \$750
Emergency Care Benefit	\$25 – \$200 depending on location of care
Non-Emergency Initial Care Benefit	\$25
Physician Follow-Up Visit Benefit	\$75
Therapy Services Benefit	\$15-\$50 depending on the type of service
(including physical therapy)	the total appearance of the state of the sta
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$50 – \$500 depending on the appliance
Transportation Benefit	\$200
Pain Management Benefit (for epidural anesthesia)	\$50
Prosthetic Device Benefit	One device: \$500
	More than one device: \$1,000
Modification Benefit	\$500
Blood/Plasma/Platelets Benefit	\$300
Surgical Repair Benefit	\$100-\$1,000 depending on the type of surgery
Exploratory Surgery Benefit	\$100
Other Outpatient Surgery Benefit	\$200
Skilled Nursing Facility or Home Care Benefit (paid no more than 10 days per accident and 20 days per lifetime.)	Skilled Nursing Facility: \$50 per day  Home Care: \$25 per day



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Hospital Benefits	Plan Benefits
Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$200 per day
(paid for up to 31 days per accident)	
ICU Supplemental Confinement Benefit	\$200 per day
(paid for up to 31 days per accident)	
Inpatient Rehabilitation Benefit	\$75 per day
(paid for up to 15 days per accident)	
Paralysis	Plan Benefits
Paralysis	\$5,000 - \$10,000 depending on the number of limbs
Other Benefits	Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$100 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$75 per day

### \* 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.
- Health Screening Benefit The Health Screening Benefit is not available in all states.
- Lodging Benefit The lodging must be at least 50 miles from the insured's primary residence.

### **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.

### **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 2 follow-up treatments, 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
Ambulance (ground)	\$200
Emergency Care	\$200
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$150
Concussion	\$200
Broken Tooth (repaired by crown)	\$100
Benefits paid by MetLife Group Accident Insurance	\$1,000

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



#### **Accident Insurance**

#### **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. 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. Or visit our website: mybenefits.metlife.com.

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



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

<sup>&</sup>lt;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>&</sup>lt;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.]