

## Accident Insurance

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

## Pickens County Board of Education

### Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High 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>.

Benefit Type	Low Plan Benefits	High Plan Benefits
<b>Accidental Injury Benefits</b>		
Fracture Benefit*	\$100 – \$8,000 depending on the fracture and type of repair	\$200 – \$10,000 depending on the fracture and type of repair
Dislocation Benefit*	\$100 – \$8,000 depending on the dislocation and type of repair	\$200 – \$10,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin	\$100 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$250	\$500
Coma Benefit	\$7,500	\$10,000
Laceration Benefit	\$50 – \$400 depending on the length of the cut and type of repair	\$75 – \$700 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$200 Filling: \$25 Extraction: \$100	Crown: \$300 Filling: \$50 Extraction: \$150
Eye Injury Benefit	\$300	\$400
<b>Accident - Medical Services &amp; Treatment Benefits</b>		
Ambulance Benefit	Ground: \$300 Air: \$1,000	Ground: \$400 Air: \$1,250
Emergency Care Benefit	\$75 – \$150 depending on location of care	\$100 – \$200 depending on location of care
Non-Emergency Initial Care Benefit	\$75	\$100
Physician Follow-Up Visit Benefit	\$75	\$100
Therapy Services Benefit (including physical therapy)	\$35	\$50
Medical Testing Benefit	\$150	\$200
Medical Appliance Benefit	\$75 – \$750 depending on the appliance	\$150 – \$1,000 depending on the appliance
Transportation Benefit	\$300	\$400
Pain Management Benefit (for epidural anesthesia)	\$75	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500	One device: \$1,000 More than one device: \$2,000
Modification Benefit	\$1,000	\$1,500



## Accident Insurance

Blood/Plasma/Platelets Benefit	\$400	\$500
Surgical Repair Benefit	\$150 – \$1,500 depending on the type of surgery	\$200 – \$2,000 depending on the type of surgery
Exploratory Surgery Benefit	\$150	\$200
Other Outpatient Surgery Benefit	\$300	\$400
<b>Hospital Benefits</b>		
Admission Benefit	\$1,000 for the day of admission	\$1,500 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$1,500 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$200 per day	\$300 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$200 per day	\$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$150 per day	\$200 per day
<b>Accidental Death Benefit</b>		
Accidental Death Benefit*	\$25,000 \$75,000 for accidental death on common carrier	\$50,000 \$150,000 for accidental death on common carrier
<b>Accidental Dismemberment, Functional Loss &amp; Paralysis Benefits</b>		
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury	\$1,000 – \$40,000 depending on the injury
Paralysis	\$10,000 – \$20,000 depending on the number of limbs	\$20,000 – \$40,000 depending on the number of limbs
<b>Other Benefits</b>		
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year	\$50 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day	\$200 per day
Waiver of Premium Benefit – if you become disabled, premiums will be waived if requirements for waiver are met	Not Included	Not Included

## Accident Insurance

### 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

- **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** – 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.
- **Health Screening Benefit/Accident Prevention Screening Benefit** – In certain states, the Health Screening benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.
- **Organized Sports Activity Injury Benefit Rider** – The rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.

### Benefit Payment Example – High Plan

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
Ambulance (ground)	\$400
Emergency Care	\$200
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$200
Concussion	\$500
Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$1,800

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.**<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. 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.**

### 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	Bi-Weekly Cost to You	
Coverage Options	Low Plan	High Plan
Employee	\$4.30	\$5.58
Employee & Spouse	\$8.50	\$10.96
Employee & Child(ren)	\$10.23	\$13.14
Employee & Spouse/Child(ren)	\$12.07	\$15.53

<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. 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.