# **Accident Insurance**

**Hodge Company** 

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

## **Accident Insurance Benefits**

With MetLife, you'll have a plan (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>.

This plan provides protection 24 hours a day—while on or off the job. / This plan provides protection for covered events experienced while off the job only.

Accidental Injury Benefits	Low Plan Benefits
Fracture Benefit*	\$100 – \$6,000 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	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$250
Coma Benefit	\$7,500
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	Low Plan Benefits
Accident - Medical Services & Treatment Benefits  Ambulance Benefit	Low Plan Benefits  Ground: \$300 Air: \$1,000
Ambulance Benefit	Ground: \$300 Air: \$1,000
Ambulance Benefit  Emergency Care Benefit	Ground: \$300 Air: \$1,000 \$75 – \$150 depending on location of care
Ambulance Benefit  Emergency Care Benefit  Non-Emergency Initial Care Benefit	Ground: \$300 Air: \$1,000 \$75 – \$150 depending on location of care \$75 \$75
Ambulance Benefit  Emergency Care Benefit  Non-Emergency Initial Care Benefit  Physician Follow-Up Visit Benefit	Ground: \$300 Air: \$1,000 \$75 – \$150 depending on location of care \$75
Ambulance Benefit  Emergency Care Benefit  Non-Emergency Initial Care Benefit  Physician Follow-Up Visit Benefit  Therapy Services Benefit	Ground: \$300 Air: \$1,000 \$75 – \$150 depending on location of care \$75 \$75
Ambulance Benefit  Emergency Care Benefit  Non-Emergency Initial Care Benefit  Physician Follow-Up Visit Benefit  Therapy Services Benefit  (including physical therapy)	Ground: \$300 Air: \$1,000  \$75 – \$150 depending on location of care  \$75  \$75  \$35
Ambulance Benefit  Emergency Care Benefit  Non-Emergency Initial Care Benefit  Physician Follow-Up Visit Benefit  Therapy Services Benefit (including physical therapy)  Medical Testing Benefit	Ground: \$300 Air: \$1,000  \$75 – \$150 depending on location of care  \$75  \$75  \$35  \$150
Ambulance Benefit  Emergency Care Benefit  Non-Emergency Initial Care Benefit  Physician Follow-Up Visit Benefit  Therapy Services Benefit (including physical therapy)  Medical Testing Benefit  Medical Appliance Benefit	Ground: \$300 Air: \$1,000  \$75 – \$150 depending on location of care  \$75  \$75  \$35  \$150  \$75 – \$750 depending on the appliance  \$300
Ambulance Benefit  Emergency Care Benefit  Non-Emergency Initial Care Benefit  Physician Follow-Up Visit Benefit  Therapy Services Benefit (including physical therapy)  Medical Testing Benefit  Medical Appliance Benefit  Transportation Benefit	Ground: \$300 Air: \$1,000  \$75 – \$150 depending on location of care  \$75  \$75  \$35  \$150  \$75 – \$750 depending on the appliance



## **Accident Insurance**

	More than one device: \$1,500
Modification Benefit	\$1,000
Blood/Plasma/Platelets Benefit	\$200
Surgical Repair Benefit	\$150-\$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$300
Other Outpatient Surgery Benefit	\$300
Hospital Benefits	Low Plan Benefits
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 31 days per accident)	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	\$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$150 per day
Accidental Death Benefit	Low Plan Benefits
Accidental Death Benefit*	\$50,000 \$150,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss &Paralysis Benefits	Low Plan Benefits
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$25,000 - \$50,000 depending on the number of limbs
Other Benefits	Low Plan Benefits
Health Screening Benefit* -	\$50
benefit provided for certain screening/prevention tests	Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

# 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.
- 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.
- Accidental Death Benefit Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.



### **Accident Insurance**

- 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.

### **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
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. How do I enroll?
- A. Enroll for coverage at See Benefits Department for enrollment information.
- 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. Or visit our website: mybenefits.metlife.com.
- <sup>1</sup> Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.
- <sup>2</sup> Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
- <sup>3</sup> Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.
- <sup>4</sup> Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
- <sup>15</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 age 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.

