

Accident Insurance

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

**Lower Colorado
River Authority**

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 receive¹. Here are just some of the covered events/services².

Plan Summary

Accidental Injury Benefits	Low Plan Benefits	High Plan Benefits
Fracture Benefit*	\$75 – \$6,000 depending on the fracture and type of repair	\$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$6,000 depending on the dislocation and type of repair	\$200 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$75 – \$7,500 depending on the degree of the burn and the percentage of burnt skin	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$250	\$250
Coma Benefit	\$7,500	\$7,500
Laceration Benefit	\$35 – \$300 depending on the length of the cut and type of repair	\$50 – \$400 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$150 Filling \$25 Extraction \$75	Crown \$200 Filling \$25 Extraction \$100
Eye Injury Benefit	\$250	\$300
Accident - Medical Services & Treatment Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit	Ground: \$300 Air: \$1,000	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$50 – \$100 depending on location of care	\$75 – \$200 depending on location of care
Non-Emergency Initial Care Benefit	\$50	\$75
Physician Follow-Up Visit Benefit	\$50	\$100
Therapy Services Benefit (including physical therapy)	\$25	\$35-\$50 depending on the type of service
Medical Testing Benefit	\$125	\$200
Medical Appliance Benefit	\$50 – \$500 depending on the appliance	\$75 – \$750 depending on the appliance
Transportation Benefit	\$300	\$300
Pain Management Benefit (for epidural anesthesia)	\$50	\$75



Accident Insurance

Prosthetic Device Benefit	One device: \$500 More than one device: \$1,000	One device: \$750 More than one device: \$1,500
Modification Benefit	\$750	\$1,000
Blood/Plasma/Platelets Benefit	\$350	\$400
Surgical Repair Benefit	\$125-\$1,250 depending on the type of surgery	\$150-\$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$125	\$150
Other Outpatient Surgery Benefit	\$250	\$300
Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 365 days per accident)	\$100 per day	\$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$100 per day	\$150 per day
Paralysis	Low Plan Benefits	High Plan Benefits
Paralysis	\$7,500 - \$15,000 depending on the number of limbs	\$10,000 - \$20,000 depending on the number of limbs
Other Benefits	Low Plan Benefits	High Plan Benefits
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day	\$100 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.
- 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.

Accident Insurance

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)	\$300
Emergency Care	\$200
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$200
Concussion	\$250
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,350

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

¹ 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.

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. 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.

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 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.