Accident Insurance

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 two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive[1]. Here are just some of the covered events/services[2].

This plan provides protection 24 hours a day—while on or off the job.

		Low Plan Benefits			High Plan Benefits		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
Accidental Dismemberment / Functional Loss Paralysis Benefits							
Basic Dismemberment/Functional Loss Benefit							
Loss of one arm or one leg	N/A	$2,500	$2,500	$2,500	$10,000	$10,000	$10,000
Loss of sight in one eye		$2,500	$2,500	$2,500	$10,000	$10,000	$10,000
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of sight in both eyes	N/A	$10,000	$10,000	$10,000	$20,000	$20,000	$20,000
Paralysis Benefit							
Two Limbs (paraplegia or hemiplegia)	N/A	$5,000	$5,000	$5,000	$15,000	$15,000	$15,000
Four Limbs (quadriplegia)		$10,000	$10,000	$10,000	$20,000	$20,000	$20,000

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
Accidental Injury Benefits			
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.	$500	$1,000
Skull Fracture - depressed (except bones of face or nose)		$1,500	$4,000
Skull Fracture - non depressed (except bones of face or nose)		$1,000	$2,000
Lower Jaw, Mandible (except alveolar process)		$250	$750
Upper Jaw, Maxilla (except alveolar process)		$500	$1,000
Upper Arm between Elbow and Shoulder (humerus)		$500	$1,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		$250	$750
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		$250	$750
Rib		$250	$750

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Finger, Toe		$50	$100
Vertebrae, Body of (excluding vertebral processes)		$1,000	$1,500
Vertebral Process		$250	$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		$1,000	$1,500
Hip, Thigh (femur)		$1,500	$4,000
Coccyx		$250	$500
Leg (tibia and/or fibula)		$3,000	$4,000
Kneecap (patella)		$250	$500
Ankle		$250	$500
Foot (except toes)		$250	$500
Chip Fracture		25%	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.	$1,000	$2,000
Skull Fracture - depressed (except bones of face or nose)		$3,000	$8,000
Skull Fracture - non depressed (except bones of face or nose)		$2,000	$4,000
Lower Jaw, Mandible (except alveolar process)		$500	$1,500
Upper Jaw, Maxilla (except alveolar process)		$1,000	$2,000
Upper Arm between Elbow and Shoulder (humerus)		$1,000	$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		$500	$1,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		$500	$1,500
Rib		$500	$1,500
Finger, Toe		$100	$200
Vertebrae, Body of (excluding vertebral processes)		$2,000	$3,000
Vertebral Process		$500	$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		$2,000	$3,000
Hip, Thigh (femur)		$3,000	$8,000
Coccyx		$500	$1,000
Leg (tibia and/or fibula)		$3,000	$4,000
Kneecap (patella)		$500	$1,000
Ankle		$500	$1,000
Foot (except toes)		$500	$1,000
Chip Fracture		25%	25%

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Dislocation Benefit (Closed)			
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.	$250	$750
Collarbone (sternoclavicular)		$500	$1,000
Collarbone (acromioclavicular and separation)		$250	$750
Shoulder (glenohumeral)		$250	$750
Rib		$250	$750
Elbow		$250	$750
Wrist		$250	$750
Bone or Bones of the Hand (other than fingers)		$250	$750
Hip		$1,500	$4,000
Knee (except patella)		$1,000	$2,000
Ankle - Bone or bones of the Foot (other than toes)		$500	$750
One Toe or Finger		$50	$100
Partial Dislocation		25%	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.	$500	$1,500
Collarbone (sternoclavicular)		$1,000	$2,000
Collarbone (acromioclavicular and separation)		$500	$1,500
Shoulder (glenohumeral)		$500	$1,500
Rib		$500	$1,500
Elbow		$500	$1,500
Wrist		$500	$1,500
Bone or Bones of the Hand (other than fingers)		$500	$1,500
Hip		$3,000	$8,000
Knee (except patella)		$2,000	$4,000
Ankle - Bone or bones of the Foot (other than toes)		$1,000	$1,500
One Toe or Finger		$100	$200
Partial Dislocation		25%	25%
Burn Benefit			
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	$50	$75
2nd Degree 10-25% surface skin burnt		$100	$150
2nd Degree 25-35% surface skin burnt		$250	$500
2nd Degree 35% or more of surface skin burnt		$500	$1,000
3rd Degree w/ less than 10% of surface skin burnt		$500	$1,000
3rd Degree 10-25% surface skin burnt		$1,000	$1,500
3rd Degree 25-35% surface skin burnt		$2,500	$5,000

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3rd Degree 35% or more of surface skin burnt		$5,000	$10,000
Concussion Benefit			
Concussion	1 time(s) per calendar year	$200	$250
Coma Benefit			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	$5,000	$7,500
Laceration Benefit			
Without repair by stiches	1 time per accident; Unlimited time(s) per calendar year	$25	$50
Repaired by stiches but less than 2 inches long		$50	$75
Repaired by stiches and 2-6 inches long		$100	$200
Repaired by stiches and over 6 inches long		$200	$400
Broken Tooth Benefit			
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$100	$200
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$50	$100
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$15	$25
Eye Injury Benefit			
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	$200	$300

		LOW PLAN	HIGH PLAN
BENEFIT	**BENEFIT LIMITS**	**ALL COVERED PERSONS**	**ALL COVERED PERSONS**
Accident - Medical Treatment and Services Benefits			
Ground Ambulance Benefit			
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	$200	$300
Air Ambulance Benefit			
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	$750	$1,000
Emergency Care Benefit			
Emergency Room		$150	$250

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Physician's Office	1 time per accident. Payable within 90 days after the accident.	$100	$200
Urgent Care		$150	$250
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	$150	$250
Physician Follow-Up Benefit			
Physician Follow-Up Visit	2 time(s) per accident; Unlimited time(s) per calendar year	$100	$200
Transportation Benefit			
Transportation	1 time(s) per accident; Unlimited time(s) per calendar year	$200	$300
Therapy Services Benefit			
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	$50	$75
Chiropractic Therapy		$50	$75
Cognitive Behavioral Therapy		$50	$75
Occupational Therapy		$50	$75
Physical Therapy		$50	$75
Respiratory therapy		$50	$75
Speech Therapy		$50	$75
Vocational Therapy		$50	$75
Pain Benefit			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	$50	$75
Prosthetic Device Benefit			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	$500	$750
More than One Device		$1,000	$1,500
Medical Appliance Benefit			
Brace		$50	$75
Cane		$50	$75
Crutches		$50	$75
Walker - expected use < 1yr		$100	$150
Walker - expected use >=1 yr		$250	$300
Walking Boot		$50	$75
Wheel chair or motorized scooter - expected use < 1yr		$100	$200

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Wheel chair or motorized scooter - expected use >=1yr		$500	$750
Other medical device used for Mobility		$50	$75
Medical Appliance Benefit Limit (for all appliances combined per accident)		$500	$750
Modification Benefit			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	$500	$1,000
Blood/ Plasma/ Platelets Benefit			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	$300	$400
Surgery Benefits			
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	$1,000	$1,500
Surgical Repair – Hernia		$100	$150
Surgical Repair – Ruptured Disc		$500	$750
Surgical Repair – Skin Graft (% of Burn Benefit)		50%	50%
Surgical Repair – Torn Cartilage in Knee		$500	$750
Surgical Repair – Torn tendon/ligament/rotator cuff - one		$500	$750
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		$1,000	$1,500
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		$1,000	$1,500
Exploratory Surgery (for any Surgery Benefit procedure)		$100	$150
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	$200	$300

		LOW PLAN	HIGH PLAN
BENEFIT	**BENEFIT LIMITS**	**ALL COVERED PERSONS**	**ALL COVERED PERSONS**
Accident – Hospital Benefits Category			
Hospital Admission Benefit			
Admission	1 time per accident; Unlimited times per calendar year	$1,000	$2,000
ICU Supplemental Admission (paid in addition to Admission)		$1,000	$2,000
Hospital Confinement Benefit			
Confinement		$200	$300

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ICU Supplemental Confinement (paid in addition to 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.	$200	$300
Inpatient Rehabilitation Benefit			
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	$75	$150

		LOW PLAN	HIGH PLAN
BENEFIT	**BENEFIT LIMITS**	**ALL COVERED PERSONS**	**ALL COVERED PERSONS**
Other Benefits			
Health Screening Benefit	1 time(s) per calendar year	$50	$100
Lodging Benefit	15 day(s) per calendar year	$75	$100

*** Notes Regarding Certain Benefits**

- Chip fractures may be paid at a reduced percentage of the Fracture Benefit and partial dislocations may be paid at a reduced percentage of the Dislocation Benefit
- **Hospital Benefits –** Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. Please consult your certificate for details. The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate for 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 a certain number of miles from the insured's primary residence as defined in the certificate.
- **Health Screening Benefit/Accident Prevention Screening Benefit –** The Health Screening Benefit may not be available in all states. In some states, the benefit is referred to as the Accident Prevention Screening Benefit. In Washington, prevention tests are known as health screening tests.

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	**$250**
Physician Follow-Up ($200 x 2)	**$400**
Medical Testing	**$250**
Concussion	**$250**
Broken Tooth (repaired by crown)	**$200**
Benefits paid by MetLife Group Accident Insurance	**$1,650**

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

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Accident Insurance

Questions & Answers

Q. How do I enroll?

A. To enroll please visit Netbenefits.com/IBM.

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. Where can I find more information about my Accident coverage?

A. Please visit Metlife.com/IBM for more information or contact a MetLife Customer Service Representative at 1-866-919-6432, 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	Monthly Cost to You	
Coverage Options	**Low Plan**	**High Plan**
Employee	$3.01	$5.56
Employee & Spouse	$6.02	$11.11
Employee & Child(ren)	$7.10	$13.11
Employee & Spouse/Child(ren)	$8.49	$15.67

[1] Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.
[2] Covered services/treatments must be the result of an accident as defined in the certificate.
[3] Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.
[4] Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
[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.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.

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