

Accident Insurance Plan Summary

Enrollment Period: 7/15/2020 to 8/14/2020

ACCIDENT INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

Covered Benefits – All benefits must relate to injuries sustained in an accident.

HIGH PLAN				
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY				
Basic Dismemberment/Functional Loss Benefit				
Loss of one arm or one leg	N/A	\$10,000	\$10,000	\$10,000
Loss of sight in one eye		\$10,000	\$10,000	\$10,000
Loss of hearing in one ear		\$10,000	\$10,000	\$10,000
Catastrophic Dismemberment/Functional Loss Benefit				
Loss of sight in both eyes	N/A	\$15,000	\$15,000	\$15,000
Loss of hearing in both ears		\$15,000	\$15,000	\$15,000
Loss of ability to speak		\$15,000	\$15,000	\$15,000
Paralysis Benefit				
Two Limbs (paraplegia or hemiplegia)	N/A	\$20,000	\$20,000	\$20,000
Four Limbs (quadriplegia)		\$40,000	\$40,000	\$40,000

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENTAL INJURY BENEFITS CATEGORY		
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.	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$5,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,500
Lower Jaw, Mandible (except alveolar process)		\$1,000
Upper Jaw, Maxilla (except alveolar process)		\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$2,500
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,250

Rib		\$1,000	
Finger, Toe		\$200	
Vertebrae, Body of (excluding vertebral processes)		\$2,000	
Vertebral Process		\$750	
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,000	
Hip, Thigh (femur)		\$5,000	
Coccyx		\$750	
Leg (tibia and/or fibula)		\$2,000	
Kneecap (patella)		\$750	
Ankle		\$750	
Foot (except toes)		\$750	
Chip Fracture		25%	
Fracture Benefit (Open)			
Face or Nose (except mandible or maxilla)		\$4,000	
Skull Fracture - depressed (except bones of face or nose)		\$10,000	
Skull Fracture - non depressed (except bones of face or nose)		\$5,000	
Lower Jaw, Mandible (except alveolar process)		\$2,000	
Upper Jaw, Maxilla (except alveolar process)		\$4,000	
Upper Arm between Elbow and Shoulder (humerus)		\$5,000	
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$3,000	
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$2,500	
Rib	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.	\$2,000	
Finger, Toe		\$400	
Vertebrae, Body of (excluding vertebral processes)		\$4,000	
Vertebral Process		\$1,500	
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$4,000	
Hip, Thigh (femur)		\$10,000	
Coccyx		\$1,500	
Leg (tibia and/or fibula)		\$4,000	
Kneecap (patella)		\$1,500	
Ankle		\$1,500	
Foot (except toes)		\$1,500	
Chip Fracture		25%	
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.	\$1,000
Collarbone (sternoclavicular)			\$1,500
Collarbone (acromioclavicular and separation)			\$1,000
Shoulder (glenohumeral)	\$1,500		

Rib		\$1,000
Elbow		\$1,000
Wrist		\$1,000
Bone or Bones of the Hand (other than fingers)		\$1,000
Hip		\$5,000
Knee (except patella)		\$2,500
Ankle - Bone or bones of the Foot (other than toes)		\$1,000
One Toe or Finger		\$200
Partial Dislocation		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.	\$2,000
Collarbone (sternoclavicular)		\$3,000
Collarbone (acromioclavicular and separation)		\$2,000
Shoulder (glenohumeral)		\$3,000
Rib		\$2,000
Elbow		\$2,000
Wrist		\$2,000
Bone or Bones of the Hand (other than fingers)		\$2,000
Hip		\$10,000
Knee (except patella)		\$5,000
Ankle - Bone or bones of the Foot (other than toes)		\$2,000
One Toe or Finger		\$400
Partial Dislocation		25%
Burn Benefit		
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$100
2nd Degree 10-25% surface skin burnt		\$200
2nd Degree 25-35% surface skin burnt		\$750
2nd Degree 35% or more of surface skin burnt		\$1,500
3rd Degree w/ less than 10% of surface skin burnt		\$1,500
3rd Degree 10-25% surface skin burnt		\$2,000
3rd Degree 25-35% surface skin burnt		\$7,500
3rd Degree 35% or more of surface skin burnt		\$15,000
Concussion Benefit		
Concussion	1 time(s) per calendar year	\$500
Coma Benefit		
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$15,000
Laceration Benefit		
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$75
Repaired by stiches but less than 2 inches long		\$125
Repaired by stiches and 2-6 inches long		\$350
Repaired by stiches and over 6 inches long		\$700

Broken Tooth Benefit

Crown	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$300
Extraction	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$150
Filling	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$50

Eye Injury Benefit

Eye Injury	1 time(s) per accident; 2 time(s) per calendar year	\$400
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HIGH PLAN

BENEFIT

BENEFIT LIMITS

ALL COVERED PERSONS

MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY

Ground Ambulance Benefit

Ground Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$500
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Air Ambulance Benefit

Air Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$1,500
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Emergency Care Benefit

Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit)	\$200
Physician's Office		\$100
Urgent Care		\$100

Non-Emergency Initial Care Benefit

Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$100
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Medical Testing Benefit

Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	1 time(s) per accident; 2 time(s) per calendar year	\$200
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Physician Follow-Up Benefit

Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$100
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Transportation Benefit

Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$400
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Therapy Services Benefit

Cognitive Behavioral Therapy	10 time(s) per accident; 15 time(s) per calendar year	\$50
Occupational Therapy		\$50
Physical Therapy		\$50

Respiratory therapy		\$50
Speech Therapy		\$50
Vocational Therapy		\$50
Pain Benefit		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$100
Prosthetic Device Benefit		
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000
More than One Device		\$2,000
Medical Appliance Benefit		
Brace		\$150
Cane		\$150
Crutches		\$150
Walker - expected use < 1yr		\$200
Walker - expected use >=1 yr		\$400
Walking Boot		\$150
Wheel chair or motorized scooter - expected use < 1yr		\$300
Wheel chair or motorized scooter - expected use >=1yr		\$1,000
Other medical device used for Mobility		\$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,000
Modification Benefit		
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
Blood/ Plasma/ Platelets Benefit		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$500
Surgery Benefits		
Surgical Repair – Cranial	1 time(s) per accident; 2 time(s) per calendar year	\$2,000
Surgical Repair – Hernia		\$200
Surgical Repair – Ruptured Disc		\$1,500
Surgical Repair – Skin Graft Benefit		50%
Surgical Repair – Torn Cartilage in Knee		\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$200
Other Outpatient Surgery Benefit		
Other Outpatient Surgery Benefit	1 time(s) per accident;	\$400

	2 time(s) per calendar year	
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		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY		
Hospital Admission Benefit		
Admission	1 time per accident; Unlimited times per calendar year	\$750
ICU Supplemental Admission (paid in addition to Admission)		\$1,500
Hospital Confinement Benefit		
Confinement	15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$150
ICU Supplemental Confinement (paid in addition to Confinement)		\$300
Inpatient Rehabilitation Benefit		
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$200

		HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
OTHER BENEFITS CATEGORY		
Health Screening Benefit	1 time(s) per calendar year	\$50
Child Care Benefit	5 day(s) per accident; 10 day(s) per calendar year;	\$50
Lodging Benefit	15 day(s) per calendar year	\$200

Notes Regarding Certain Benefits:

- 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.

Please contact MetLife for detailed definitions and state variations of covered benefits.

Covered Benefits – Highest Plan

All benefits must relate to injuries sustained in an accident. Please contact MetLife for detailed definitions and state variations of covered benefits.

BENEFIT	BENEFIT LIMITS	HIGHEST PLAN		
		EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY				
Basic Dismemberment/Functional Loss Benefit				
Loss of one arm or one leg	N/A	\$20,000	\$20,000	\$20,000
Loss of sight in one eye		\$20,000	\$20,000	\$20,000
Loss of hearing in one ear		\$20,000	\$20,000	\$20,000
Catastrophic Dismemberment/Functional Loss Benefit				
Loss of sight in both eyes	N/A	\$30,000	\$30,000	\$30,000
Loss of hearing in both ears		\$30,000	\$30,000	\$30,000
Loss of ability to speak		\$30,000	\$30,000	\$30,000
Paralysis Benefit				
Two Limbs (paraplegia or hemiplegia)	N/A	\$30,000	\$30,000	\$30,000
Four Limbs (quadriplegia)		\$60,000	\$60,000	\$60,000

BENEFIT	BENEFIT LIMITS	HIGHEST PLAN
		ALL COVERED PERSONS
ACCIDENTAL INJURY BENEFITS CATEGORY		
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.	\$2,500
Skull Fracture - depressed (except bones of face or nose)		\$6,000
Skull Fracture - non depressed (except bones of face or nose)		\$3,000
Lower Jaw, Mandible (except alveolar process)		\$1,500
Upper Jaw, Maxilla (except alveolar process)		\$2,500
Upper Arm between Elbow and Shoulder (humerus)		\$3,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$3,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$2,000
Rib		\$1,500
Finger, Toe		\$250
Vertebrae, Body of (excluding vertebral processes)		\$2,500
Vertebral Process		\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,500
Hip, Thigh (femur)		\$7,500
Coccyx		\$1,000
Leg (tibia and/or fibula)		\$2,500
Kneecap (patella)		\$1,000

Ankle		\$1,000
Foot (except toes)		\$1,000
Chip Fracture		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.	\$5,000
Skull Fracture - depressed (except bones of face or nose)		\$12,000
Skull Fracture - non depressed (except bones of face or nose)		\$6,000
Lower Jaw, Mandible (except alveolar process)		\$3,000
Upper Jaw, Maxilla (except alveolar process)		\$5,000
Upper Arm between Elbow and Shoulder (humerus)		\$6,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$6,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$4,000
Rib		\$3,000
Finger, Toe		\$500
Vertebrae, Body of (excluding vertebral processes)		\$5,000
Vertebral Process		\$2,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$5,000
Hip, Thigh (femur)		\$15,000
Coccyx		\$2,000
Leg (tibia and/or fibula)		\$5,000
Kneecap (patella)		\$2,000
Ankle		\$2,000
Foot (except toes)		\$2,000
Chip Fracture		25%
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.	\$1,500
Collarbone (sternoclavicular)		\$2,000
Collarbone (acromioclavicular and separation)		\$1,500
Shoulder (glenohumeral)		\$3,000
Rib		\$1,500
Elbow		\$2,000
Wrist		\$1,500
Bone or Bones of the Hand (other than fingers)		\$1,500
Hip		\$7,500
Knee (except patella)		\$4,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,500
One Toe or Finger		\$300
Partial Dislocation		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.	\$3,000
Collarbone (sternoclavicular)		\$4,000
Collarbone (acromioclavicular and separation)		\$3,000
Shoulder (glenohumeral)		\$6,000
Rib		\$3,000
Elbow		\$4,000
Wrist		\$3,000
Bone or Bones of the Hand (other than fingers)		\$3,000
Hip		\$15,000
Knee (except patella)		\$8,000
Ankle - Bone or bones of the Foot (other than toes)		\$3,000
One Toe or Finger		\$600
Partial Dislocation		25%
Burn Benefit		
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$150
2nd Degree 10-25% surface skin burnt		\$300
2nd Degree 25-35% surface skin burnt		\$1,000
2nd Degree 35% or more of surface skin burnt		\$2,000
3rd Degree w/ less than 10% of surface skin burnt		\$2,000
3rd Degree 10-25% surface skin burnt		\$3,000
3rd Degree 25-35% surface skin burnt		\$10,000
3rd Degree 35% or more of surface skin burnt		\$17,500
Concussion Benefit		
Concussion	1 time(s) per calendar year	\$750
Coma Benefit		
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$30,000
Laceration Benefit		
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$100
Repaired by stiches but less than 2 inches long		\$175
Repaired by stiches and 2-6 inches long		\$400
Repaired by stiches and over 6 inches long		\$800
Broken Tooth Benefit		
Crown	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$400
Extraction	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$200
Filling	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$75
Eye Injury Benefit		

Eye Injury	1 time(s) per accident; 2 time(s) per calendar year	\$500
		HIGHEST PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY		
Ground Ambulance Benefit		
Ground Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$750
Air Ambulance Benefit		
Air Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$2,000
Emergency Care Benefit		
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit)	\$300
Physician's Office		\$150
Urgent Care		\$150
Non-Emergency Initial Care Benefit		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$150
Medical Testing Benefit		
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	1 time(s) per accident; 2 time(s) per calendar year	\$250
Physician Follow-Up Benefit		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$150
Transportation Benefit		
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$500
Therapy Services Benefit		
Cognitive Behavioral Therapy	10 time(s) per accident; 15 time(s) per calendar year	\$65
Occupational Therapy		\$65
Physical Therapy		\$65
Respiratory therapy		\$65
Speech Therapy		\$65
Vocational Therapy		\$65
Pain Benefit		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$125
Prosthetic Device Benefit		
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,250
More than One Device		\$2,500
Medical Appliance Benefit		

Brace		\$200
Cane		\$200
Crutches		\$200
Walker - expected use < 1yr		\$250
Walker - expected use >=1 yr		\$500
Walking Boot		\$200
Wheel chair or motorized scooter - expected use < 1yr		\$400
Wheel chair or motorized scooter - expected use >=1yr		\$1,250
Other medical device used for Mobility		\$200
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,250
Modification Benefit		
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$2,000
Blood/ Plasma/ Platelets Benefit		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$600
Surgery Benefits		
Surgical Repair – Cranial	1 time(s) per accident; 2 time(s) per calendar year	\$2,500
Surgical Repair – Hernia		\$250
Surgical Repair – Ruptured Disc		\$2,000
Surgical Repair – Skin Graft Benefit		50%
Surgical Repair – Torn Cartilage in Knee		\$2,000
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$2,500
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$2,500
Exploratory Surgery (for any Surgery Benefit procedure)		\$300
Other Outpatient Surgery Benefit		
Other Outpatient Surgery Benefit	1 time(s) per accident; 2 time(s) per calendar year	\$500
		HIGHEST PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY		
Hospital Admission Benefit		
Admission	1 time per accident; Unlimited times per calendar year	\$1,500
ICU Supplemental Admission (paid in addition to Admission)		\$3,000

Hospital Confinement Benefit		
Confinement	15 days per accident. Payable after the first day of admission.	\$300
ICU Supplemental Confinement (paid in addition to Confinement)	ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$600
Inpatient Rehabilitation Benefit		
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$300
		HIGHEST PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
OTHER BENEFITS CATEGORY		
Health Screening Benefit	1 time(s) per calendar year	\$100
Child Care Benefit	5 day(s) per accident; 10 day(s) per calendar year;	\$100
Lodging Benefit	15 day(s) per calendar year	\$300

BENEFIT PAYMENT EXAMPLE

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room 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)	\$500
Emergency Care	\$200
Physician Follow-Up (\$100 x2)	\$200
Medical Testing	\$200
Concussion	\$500
Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$1,900

INSURANCE RATES

MetLife offers competitive group rates and convenient 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 Coverage Options	Monthly Cost to You	
	High Plan	Highest Plan
Employee Only	\$12.86	\$19.12
Employee + Spouse	\$25.74	\$38.28
Employee + Children	\$30.22	\$44.86
Employee + Spouse and Children	\$36.86	\$54.76

QUESTIONS & ANSWERS

Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members.⁴ You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

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.

Who do I call for assistance?

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.

¹ Covered services/treatments must be the result of a covered accident 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.

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.

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.

