Accident Insurance Laitram, LLC

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 that provides payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

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.

Benefit Type ¹	Plan Benefits	
Accidental Injury Benefits		
Fracture* (depending on the fracture and type of repair)	\$225 – \$10,000	
Dislocation* (depending on the dislocation and type of repair)	\$150 – \$8,000	
Second- or Third- Degree Burn (depending on degree of burn and percentage of burnt skin)	\$500 - \$10,000	
Concussion	\$275	
Coma	\$10,000	
Laceration (depending on the length of the cut and type of repair)	\$50 – \$600	
Broken Tooth	Crown: \$400 / Filling: \$125 / Extraction: \$150	
Eye Injury	\$400	
Accident - Medical Services & Treatment Benefits		
Ambulance	Ground: \$400 / Air: \$2,000	
Emergency Care (depending on location of care)	\$100 – \$250	
Non-Emergency Initial Care	\$75	
Physician Follow-Up	\$75	
Therapy Services (including physical therapy)	\$20	
Medical Testing	\$200	
Medical Appliances (depending on the appliance)	\$50 – \$750	
Transportation	\$100	
Benefit Type	Plan Benefits	
Pain Management (for epidural anesthesia)	\$100	
Prosthetic Device	One device: \$750	More than one device: \$1,500
Modification	\$1,000	



Accident Insurance

Blood/Plasma/Platelets	\$400	
Surgical Repair (depending on the type of surgery)	\$100-\$1,500	
Exploratory Surgery	\$100	
Other Outpatient Surgery	\$300	
Hospital Benefits*		
Admission	\$1,750 for the day of admission	
Intensive Care Unit (ICU) Supplemental Admission	\$1,750 for the day of admission	
Confinement (paid for up to 15 days per accident)	\$300 per day	
ICU Supplemental Confinement (paid for up to 15 days per accident)	\$450 per day	
Inpatient Rehabilitation (paid for up to 15 days per accident)	\$200 per day	
Accidental Death Benefit		
Accidental Death Benefit*	\$50,000 common carrier*	\$150,000 for accidental death on
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss (depending on the injury)	\$5,000 - \$50,000	
Paralysis (depending on the number of limbs)	\$12,500 - \$50,000	
Other Benefits		
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$150 per day	
Health Screening Benefit* Accident Prevention Screening Benefit* (Refer to Notes Regarding Certain Benefits for Health Screening Benefit/Accident Prevention Screening Benefit)	\$50	

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

- 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 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.
- 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 The Health Screening Benefit may not be available in all states. In some states, the list of eligible screening/prevention measures may be limited, and the benefit may be referred to as the Accident Prevention Screening Benefit..

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,



Accident 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)	\$400
Emergency Care	\$250
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$275
Broken Tooth (repaired by crown)	\$400
Benefits paid by MetLife Group Accident Insurance	\$1,675

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 Employer website.
- 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. Please call MetLife directly at 1-855-JOIN-MET (1-855-564-6638), Monday through Friday from 8:00 a.m. to 8 p.m., EST and talk with a benefits consultant. Or visit our website: mybenefits.metlife.com.
- 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 or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
- 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.

