

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 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.

Covered Benefits

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

		Coverage Amount		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD
PARALYSIS BENEFIT CATEGORY				
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	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)		\$2,000
Upper Jaw, Maxilla (except alveolar process)		\$2,500
Upper Arm between Elbow and Shoulder (humerus)		\$2,500
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$4,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$2,500
Rib		\$1,500
Finger, Toe		\$750
Vertebrae, Body of (excluding vertebral processes)		\$4,500





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Vertebral Process		\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$4,500
Hip, Thigh (femur)		\$6,000
Coccyx		\$1,000
Leg (tibia and/or fibula)		\$3,000
Kneecap (patella)		\$2,500
Ankle		\$2,500
Foot (except toes)		\$2,500
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)		\$4,000
Upper Jaw, Maxilla (except alveolar process)		\$5,000
Upper Arm between Elbow and Shoulder (humerus)		\$5,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$9,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$5,000
Rib		\$3,000
Finger, Toe		\$1,500
Vertebrae, Body of (excluding vertebral processes)		\$9,000
Vertebral Process		\$2,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$9,000
Hip, Thigh (femur)		\$12,000
Coccyx		\$2,000
Leg (tibia and/or fibula)		\$6,000
Kneecap (patella)		\$5,000
Ankle		\$5,000
Foot (except toes)		\$5,000
Chip Fracture		25%
Dislocation Benefit (Closed)		
Lower Jaw		\$2,000

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Collarbone (sternoclavicular)	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 (acromioclavicular and separation)		\$1,500
Shoulder (glenohumeral)		\$2,000
Rib		\$1,500
Elbow		\$1,500
Wrist		\$1,500
Bone or Bones of the Hand (other than fingers)		\$2,000
Hip		\$6,000
Knee (except patella)		\$3,000
Ankle - Bone or bones of the Foot (other than toes)		\$2,000
One Toe or Finger		\$500
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.	\$4,000
Collarbone (sternoclavicular)		\$4,000
Collarbone (acromioclavicular and separation)		\$3,000
Shoulder (glenohumeral)		\$4,000
Rib		\$3,000
Elbow		\$3,000
Wrist		\$3,000
Bone or Bones of the Hand (other than fingers)		\$4,000
Hip		\$12,000
Knee (except patella)		\$6,000
Ankle - Bone or bones of the Foot (other than toes)		\$4,000
One Toe or Finger		\$1,000
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		\$5,000
3rd Degree 25-35% surface skin burnt		\$10,000
3rd Degree 35% or more of surface skin burnt		\$20,000
Concussion Benefit		



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Concussion	1 time(s) per calendar year	\$750
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	\$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; Unlimited time(s) per calendar year (applies to all procedures)	\$400
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$200
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$75
Eye Injury Benefit		
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$500

BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY		
Ground Ambulance Benefit		
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$500
Air Ambulance Benefit		
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
Emergency Care Benefit		
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$300
Physician's Office		\$125
Urgent Care		\$250

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Non-Emergency Initial Care Benefit		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$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	\$500
Physician Follow-Up Benefit		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$125
Transportation Benefit		
Transportation	3 time(s) per accident; 6 time(s) per calendar year	\$500
Therapy Services Benefit		
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$65
Chiropractic Therapy		\$65
Cognitive Behavioral Therapy		\$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	\$2,500
More than One Device		\$5,000
Medical Appliance Benefit		
Brace		\$250
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		\$500



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Wheel chair or motorized scooter - expected use >=1yr		\$1,250
Other medical device used for Mobility		\$250
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	3 time(s) per accident; Unlimited time(s) per calendar year	\$600
Surgery Benefits		
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$2,500
Surgical Repair – Hernia		\$250
Surgical Repair – Ruptured Disc		\$2,000
Surgical Repair – Skin Graft (% of Burn 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	2 time(s) per accident; Unlimited 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	\$2,000
ICU Supplemental Admission (paid in addition to Admission)		\$2,000
Hospital Confinement Benefit		
Confinement		\$400

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ICU Supplemental Confinement (paid in addition to Confinement)	365 days per accident. Payable on the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 365 of those days.	\$400
Inpatient Rehabilitation Benefit		
Inpatient Rehabilitation	31 days per accident; 60 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	\$75
Lodging Benefit	30 day(s) per calendar year	\$300

Organized Sports Activity Injury Benefit Rider

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident - Medical Treatment and Services, Hospital benefits.

* 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.
- In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam , digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill , successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography , two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.
- 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 ³	Benefit Amount
Ambulance (ground)	\$500
Emergency Care	\$125 – \$300 depending on location of care
Physician Follow-Up	\$125
Medical Testing	\$500

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Concussion	\$750
Broken Tooth (repaired by crown)	Crown: \$400 Filling: \$75 Extraction: \$200
Benefits paid by MetLife Group Accident Insurance	\$2,850

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 www.voluntarybenefits-bny.com**
- 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.**

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	Rate	
Employee	\$11.26	
Employee & Spouse	\$19.91	
Employee & Child(ren)	\$23.79	
Employee & Spouse/Child(ren)	\$31.44	

Coverage/Disclosure Document for state variations.

¹ Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverages/Disclosure Document for more details.

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. 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.