

Accident Insurance

Effective June 1, 2025 – May 31, 2026

You can enroll in voluntary benefits by logging in to **ADP TotalSource®** during new hire, annual open enrollment, and qualifying life event windows.

When there, select **Myself > Benefits > Enrollments**. Feel free to contact **ADP TotalSource** at **(844) 448-0325** with any questions you may have about how to elect voluntary coverages.

If you have questions about the benefits plans, contact MetLife directly at **(877) ADPTS01** or **(877) 237-8701** between the hours of 8 a.m. – 8 p.m. ET.

Accident Insurance Benefits

With MetLife Accident Insurance, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide benefits payments regardless of any other insurance payments you may receive¹. Here are just some of the covered events/services².

You are eligible to enroll in Accident Insurance coverage if you are Actively at Work³.

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	\$6.30	\$11.86
Employee & Spouse	\$9.45	\$17.81
Employee & Child(ren)	\$12.05	\$22.70
Employee & Spouse/Child(ren)	\$15.38	\$28.97

Covered Benefits

LOW PLAN					HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY							
Basic Accidental Death*	N/A	\$50,000	\$25,000	\$10,000	\$50,000	\$25,000	\$10,000
Accidental Death* Common Carrier		\$150,000	\$75,000	\$30,000	\$150,000	\$75,000	\$30,000



Accident Insurance

Effective June 1, 2025 – May 31, 2026

LOW PLAN					HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	\$500	\$500	\$500	\$500	\$500	\$500
Loss of one arm or one leg		\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Loss of one hand or one foot		\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Loss of two or more fingers or toes		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Loss of sight in one eye		\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Loss of hearing in one ear		\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of both arms or both legs or one arm and one leg	N/A	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Loss of both hands or both feet or one hand and one foot		\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Loss of sight in both eyes		\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Loss of hearing in both ears		\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Loss of ability to speak		\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Paralysis Benefit							
Two Limbs (paraplegia or hemiplegia)	N/A	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Four Limbs (quadriplegia)		\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000

Accident Insurance

Effective June 1, 2025 – May 31, 2026

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	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.	\$1,000	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$4,000	\$5,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,000	\$2,500
Lower Jaw, Mandible (except alveolar process)		\$750	\$1,000
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)		\$750	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$2,000	\$2,250
Rib		\$750	\$1,000
Finger, Toe		\$100	\$200
Vertebrae, Body of (excluding vertebral processes)		\$1,500	\$2,000
Vertebral Process		\$500	\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$1,500	\$2,000
Hip, Thigh (femur)		\$4,000	\$5,000
Coccyx		\$500	\$750
Leg (tibia and/or fibula)		\$1,500	\$2,000
Kneecap (patella)		\$500	\$750
Ankle		\$500	\$750
Foot (except toes)		\$500	\$750
Chip Fracture		25%	25%
Fracture* Benefit (Open)			
Face or Nose (except mandible or maxilla)		\$2,000	\$4,000
Skull Fracture - depressed (except bones of face or nose)		\$8,000	\$10,000
Skull Fracture - non depressed (except bones of face or nose)		\$4,000	\$5,000
Lower Jaw, Mandible (except alveolar process)		\$1,500	\$2,000
Upper Jaw, Maxilla (except alveolar process)		\$2,000	\$4,000

Accident Insurance**Effective June 1, 2025 – May 31, 2026**

Upper Arm between Elbow and Shoulder (humerus)	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	\$4,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,500	\$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$4,000	\$4,500
Rib		\$1,500	\$2,000
Finger, Toe		\$200	\$400
Vertebrae, Body of (excluding vertebral processes)		\$3,000	\$4,000
Vertebral Process		\$1,000	\$1,500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$3,000	\$4,000
Hip, Thigh (femur)		\$8,000	\$10,000
Coccyx		\$1,000	\$1,500
Leg (tibia and/or fibula)		\$3,000	\$4,000
Kneecap (patella)		\$1,000	\$1,500
Ankle		\$1,000	\$1,500
Foot (except toes)		\$1,000	\$1,500
Chip Fracture		25%	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.	\$750	\$1,000
Collarbone (sternoclavicular)		\$1,000	\$1,500
Collarbone (acromioclavicular and separation)		\$750	\$1,000
Shoulder (glenohumeral)		\$1,750	\$2,000
Rib		\$750	\$1,000
Elbow		\$750	\$1,000
Wrist		\$750	\$1,000
Bone or Bones of the Hand (other than fingers)		\$750	\$1,000
Hip		\$4,000	\$5,000
Knee (except patella)		\$2,000	\$2,500
Ankle - Bone or bones of the Foot (other than toes)		\$750	\$1,000
One Toe or Finger		\$100	\$200
Partial Dislocation		25%	25%
Dislocation* Benefit (Open)			
Lower Jaw		\$1,500	\$2,000
Collarbone (sternoclavicular)		\$2,000	\$3,000
Collarbone (acromioclavicular and separation)		\$1,500	\$2,000

Accident Insurance

Effective June 1, 2025 – May 31, 2026

Shoulder (glenohumeral)	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.	\$3,500	\$4,000
Rib		\$1,500	\$2,000
Elbow		\$1,500	\$2,000
Wrist		\$1,500	\$2,000
Bone or Bones of the Hand (other than fingers)		\$1,500	\$2,000
Hip		\$8,000	\$10,000
Knee (except patella)		\$4,000	\$5,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,500	\$2,000
One Toe or Finger		\$200	\$400
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	\$100	\$150
2nd Degree 10-25% surface skin burnt		\$200	\$300
2nd Degree 25-35% surface skin burnt		\$500	\$750
2nd Degree 35% or more of surface skin burnt		\$1,000	\$1,500
3rd Degree w/ less than 10% of surface skin burnt		\$1,000	\$1,500
3rd Degree 10-25% surface skin burnt		\$2,000	\$3,000
3rd Degree 25-35% surface skin burnt		\$5,000	\$7,500
3rd Degree 35% or more of surface skin burnt		\$10,000	\$15,000
Concussion Benefit			
Concussion	1 time(s) per calendar year	\$400	\$600
Coma Benefit			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$10,000	\$15,000
Laceration Benefit			
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	\$75	\$100
Repaired by stitches but less than 2 inches long		\$150	\$200
Repaired by stitches and 2-6 inches long		\$300	\$400
Repaired by stitches and over 6 inches long		\$600	\$800
Broken Tooth Benefit			
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$200	\$400
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$100	\$150

Accident Insurance

Effective June 1, 2025 – May 31, 2026

Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$50	\$75
Eye Injury Benefit			
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	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	\$300	\$500
Air Ambulance Benefit			
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$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.	\$200	\$300
Physician's Office		\$100	\$150
Urgent Care		\$150	\$250
Non-Emergency Initial Care Benefit			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$100	\$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	\$300
Physician Follow-Up Benefit			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$100	\$200
Transportation Benefit			
Transportation	1 time(s) per accident; 3 time(s) per calendar year	\$400	\$500
Therapy Services Benefit			
Acupuncture		\$50	\$75
Chiropractic Therapy		\$50	\$75

Accident Insurance**Effective June 1, 2025 – May 31, 2026**

Cognitive Behavioral Therapy	10 time(s) per accident; Unlimited time(s) per calendar year	\$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	\$100	\$150
Prosthetic Device Benefit			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$750	\$1,000
More than One Device		\$1,500	\$2,000
Medical Appliance Benefit			
Brace		\$100	\$200
Cane		\$100	\$200
Crutches		\$100	\$200
Walker - expected use < 1yr.		\$200	\$250
Walker - expected use >=1 yr.		\$300	\$500
Walking Boot		\$100	\$200
Wheel chair or motorized scooter - expected use < 1yr		\$200	\$300
Wheel chair or motorized scooter - expected use >=1yr		\$1,000	\$1,500
Other medical device used for Mobility		\$100	\$200
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,000	\$1,500
Modification Benefit			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$2,000
Blood/Plasma/Platelets Benefit			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$500
Surgery Benefits			
Surgical Repair – Cranial		\$2,000	\$3,000
Surgical Repair – Hernia		\$200	\$300
Surgical Repair – Ruptured Disc		\$1,000	\$1,500

Accident Insurance**Effective June 1, 2025 – May 31, 2026**

Surgical Repair – Skin Graft (% of Burn Benefit)	1 time(s) per accident; Unlimited time(s) per calendar year	50%	50%
Surgical Repair – Torn Cartilage in Knee		\$750	\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$750	\$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,500	\$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$2,000	\$3,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$200	\$400
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$500

		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	\$1,500
ICU Supplemental Admission (paid in addition to Admission)		\$1,000	\$1,500
Hospital* Confinement Benefit			
Confinement ⁴	365 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 30 of those days.	\$300	\$300
ICU Supplemental Confinement (paid in addition to Confinement)		\$300	\$300
Inpatient Rehabilitation Benefit			
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$200	\$300

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
OTHER BENEFITS CATEGORY			
Health Screening Benefit*	1 time(s) per calendar year	\$100	\$100
Lodging Benefit*	30 day(s) per calendar year	\$100	\$200

Accident Insurance

Effective June 1, 2025 – May 31, 2026

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.

Building Benefit Rider *

This coverage includes a Building Benefit Rider. The rider increases the amounts payable under the accident Certificate by up to 15%, once coverage that includes the Building Benefit has been continuously in effect for you for the time periods stated in the rider, and in accordance the terms of the rider.

* Notes Regarding Certain Benefits

- **Common Carrier Benefit** - Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.
- **Fracture and Dislocation 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 refer to your certificate for details..
- **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.
- **Health Screening Benefit/Accident Prevention Screening Benefit** ⁵ – 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; 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; chest x-rays; clinical testicular exam; colonoscopy; complete blood count (CBC); 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; or virtual colonoscopy.
- **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.
- **Organized Sports Activity Injury Benefit Rider** – The rider may not be available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.
- **Building Benefit Rider** – the rider is not available in all states.

Accident Insurance

Effective June 1, 2025 – May 31, 2026

Additional Resources

Digital Estate Planning⁶

You have access to Digital Estate Planning services to create key estate planning documents online in as little as 15 minutes by answering a few simple questions. Documents include Last Will and Testament, Advance Healthcare Directive (Living Will), and Durable Financial Power of Attorney. Visit www.willscenter.com to get started.

MetLife VisionAccess⁷

You will have access to the MetLife VisionAccess discount⁸ program. The program provides a discount on eye exams, glasses and frames, and laser vision correction⁹ when visiting a participating private practice.

Benefit Payment Example for Low and High Plans^{*}

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and 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 ¹⁰	Low Benefit Amount	High Benefit Amount
Ambulance (ground)	\$300	\$500
Emergency Care	\$200	\$300
Physician Follow-Up (x 2)	\$200	\$400
Medical Testing	\$150	\$300
Concussion	\$400	\$600
Broken Tooth (repaired by crown)	\$200	\$400
Benefits paid by MetLife Group Accident Insurance	\$1,450	\$2,500

^{*}This example is for illustrative purposes only.

Accident Insurance

Effective June 1, 2025 – May 31, 2026

You are not obligated to purchase any of the voluntary policies or services offered and you may explore other options including purchase of policies or services directly from an insurance company or provider. You should discuss your options with your financial advisor, attorney, accountant or other professionals.

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 Certificate.

³ Actively at Work means that you are performing the substantial and material duties of your own occupation for full pay. This must be done at your place of business, or a location to which such business requires you to travel.

⁴ 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. When the plan pays an Admission Benefit, the Confinement Benefit may begin to pay on Day 2.

⁵ 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.

⁶ Digital Estate Planning without online notary is available to all individuals regardless of any MetLife relationship or product. It is not available for individuals residing in any U.S. territory. Domestic partnerships are not currently supported; however, if you have supplemental life coverage and are in a domestic partnership, you may use a MetLife Legal Plans attorney for your planning needs. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

⁷ MetLife VisionAccess is a discount program and not an insured benefit. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. MetLife Vision Access is available to anyone regardless of affiliation with MetLife.

⁸ Discount off retail. Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

⁹ The VSP Choice network allows you to access discounted laser correction services. May not be available in all states or regions. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations. Not everyone will qualify for LASIK surgery. Results will vary. Please discuss outcomes with your eyecare provider.

¹⁰ Benefit amount is based on sample MetLife plan design. Actual plan design and plan benefits may vary.

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.

