

Accident Insurance – Sheehy Auto Stores

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 three plans (called the "Low Plan," the "High Plan," and the "Highest Plan") that provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

Benefit Type	Low Plan Benefits	High Plan Benefits	Highest Plan Benefits
Accidental Injury Benefits			
Fracture* (depending on the fracture and type of repair)	\$50 – \$3,000	\$100 – \$8,000	\$200 - \$10,000
Dislocation* (depending on the dislocation and type of repair)	\$50 – \$2,000	\$100 – \$4,000	\$200 - \$10,000
Second- or Third- Degree Burn (depending on degree of burn and percentage of burnt skin)	\$50 – \$6,000	\$75 – \$12,000	\$100 - \$15,000
Concussion	\$200	\$250	\$500
Coma	\$5,000	\$10,000	\$12,500
Laceration (depending on the length of the cut and type of repair)	\$25 - \$200	\$50 - \$400	\$75 – \$700
Broken Tooth	Crown: \$100 / Filling: \$15 / Extraction: \$50	Crown: \$300 / Filling: \$25 / Extraction: \$100	Crown: \$400 / Filling: \$50 / Extraction: \$150
Eye Injury	\$200	\$300	\$400
Accident - Medical Services & Treatment Benefits			
Ambulance	Ground: \$200 / Air: \$750	Ground: \$300 / Air: \$1,000	Ground: \$400 / Air: \$1,500
Emergency Care (depending on location of care)	\$50 – \$100	\$100 – \$200	\$125 - \$250
Non-Emergency Initial Care	\$50	\$100	\$125
Physician Follow-Up	\$50	\$75	\$100
Therapy Services (including physical therapy)	\$35	\$50	\$50
Medical Testing	\$100	\$150	\$200
Medical Appliances (depending on the appliance)	\$50 – \$500	\$75 - \$750	\$150 – \$1,000
Transportation	\$200	\$500	\$600
Benefit Type	Low Plan Benefits	High Plan Benefits	Highest Plan Benefits
Pain Management (for epidural anesthesia)	\$50	\$100	\$100
Prosthetic Device	One device: \$500 More than one device: \$1,000	One device: \$750 More than one device: \$1,500	One device: \$1,000 More than one device: \$2,000
Modification	\$500	\$1,000	\$1,500



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Blood/Plasma/Platelets	\$300	\$400	\$500
Surgical Repair (depending on the type of surgery)	\$100 - \$1,000	\$150 - \$2,500	\$200 - \$2,000
Exploratory Surgery	\$200	\$400	\$200
Other Outpatient Surgery	\$200	\$300	\$400
Hospital Benefits*			
Admission	\$500 for the day of admission	\$1,000 for the day of admission	\$1,500 for the day of admission
Intensive Care Unit (ICU) Supplemental Admission	\$500 for the day of admission	\$1,000 for the day of admission	\$1,500 for the day of admission
Confinement (paid for up to 15 days per accident)	\$100 per day	\$250 per day	\$450 per day
ICU Supplemental Confinement (paid for up to 15 days per accident)	\$100 per day	\$250 per day	\$450 per day
Inpatient Rehabilitation (paid for up to 15 days per accident)	\$75 per day	\$150 per day	\$200 per day
Accidental Death Benefit			
Accidental Death Benefit*	\$20,000 \$60,000 for accidental death on common carrier*	\$25,000 \$75,000 for accidental death on common carrier*	\$50,000 \$150,000 for accidental death on common carrier*
Accidental Dismemberment, Functional Loss & Paralysis Benefits			
Dismemberment/Functional Loss (depending on the injury)	\$250- \$20,000	\$750 - \$25,000	\$1,000 - \$50,000
Paralysis (depending on the number of limbs)	\$10,000 - \$20,000	\$12,500 - \$25,000	\$25,000 - \$50,000
Other Benefits			
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$75 per day; 15 day(s) per calendar year	\$125 per day; 15 day(s) per calendar year	\$150 per day; 15 day(s) per calendar year
Health Screening Benefit* Accident Prevention Screening Benefit* (Refer to Notes Regarding Certain Benefits for Health Screening Benefit/Accident Prevention Screening Benefit)	\$50 per calendar year for completing one of the covered screenings/tests.	\$50 per calendar year for completing one of the covered screenings/tests.	\$50 per calendar year for completing one of the covered screenings/tests.

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

- **Fracture and Dislocation benefits** – Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit
- **Hospital Benefits** – 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.
- **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.
- **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. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.
- **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.

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- **Health Screening Benefit/Accident Prevention Screening 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, hemocult 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.
- **Organized Sports Activity Injury Benefit Rider** – The rider is not 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.

Questions & Answers

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.

¹ Covered services/treatments must be the result of a covered accident or sickness 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. Additional restrictions may apply to dependents serving in the armed forces or living overseas.

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.