

## Accident Insurance

Atchison USD # 409

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 two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive<sup>1</sup>. Here are just some of the covered events/services<sup>2</sup>.

|   |  | LOW PLAN            | HIGH PLAN           |
|---|--|---------------------|---------------------|
| BENEFIT   | BENEFIT LIMITS   | ALL COVERED PERSONS | ALL COVERED PERSONS |
| <b>ACCIDENTAL INJURY BENEFITS CATEGORY</b>                        |  |                     |                     |
| <b>Fracture Benefit (Closed)</b>                                  |  |                     |                     |
| 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)        |  | \$750               | \$1,000             |
| 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%                 |
| <b>Fracture Benefit (Open)</b>                                    |  |                     |                     |
| Face or Nose (except mandible or maxilla)                         | If more than one bone is fractured,  | \$2,000             | \$4,000             |



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|   |  |         |          |
|---|--|---------|----------|
| Skull Fracture - depressed (except bones of face or nose)         | the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.   | \$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  |
| Upper Arm between Elbow and Shoulder (humerus)                    |  | \$2,000 | \$4,000  |
| Shoulder Blade (scapula), Collarbone (clavicle, sternum)          |  | \$1,500 | \$2,000  |
| Forearm (radius and/or ulna), Hand, Wrist (except fingers)        |  | \$1,500 | \$2,000  |
| 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%     |          |
| <b>Dislocation Benefit (Closed)</b>                               |  |         |          |
| 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)   |  | \$750   | \$1,000  |
| 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%      |

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| 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. | \$1,500  | \$2,000  |
| Collarbone (sternoclavicular)                       |  | \$2,000  | \$3,000  |
| Collarbone (acromioclavicular and separation)       |  | \$1,500  | \$2,000  |
| Shoulder (glenohumeral)                             |  | \$1,500  | \$2,000  |
| 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;<br>Unlimited time(s) per calendar year  | \$75     | \$100    |
| 2nd Degree 10-25% surface skin burnt                |  | \$150    | \$200    |
| 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                |  | \$1,500  | \$2,000  |
| 3rd Degree 25-35% surface skin burnt                |  | \$5,000  | \$7,500  |
| 3rd Degree 35% or more of surface skin burnt        |  | \$10,000 | \$12,000 |
| Concussion Benefit                                  |  |          |          |
| Concussion  | 1 time(s) per calendar year  | \$50     | \$100    |
| Coma Benefit  |  |          |          |
| Coma  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year   | \$7,500  | \$12,500 |
| Laceration Benefit                                  |  |          |          |
| Without repair by stiches                           | 1 time per accident;<br>3 time(s) per calendar year  | \$50     | \$75     |
| Repaired by stiches but less than 2 inches long     |  | \$75     | \$125    |
| Repaired by stiches and 2-6 inches long             |  | \$200    | \$350    |
| Repaired by stiches and over 6 inches long          |  | \$400    | \$700    |
| Broken Tooth Benefit                                |  |          |          |
| Crown   | 1 time(s) per accident;  | \$200    | \$300    |

## Accident Insurance

|                           |   |       |       |
|---------------------------|---|-------|-------|
|                           | Unlimited time(s) per calendar year<br>(applies to all procedures)                            |       |       |
| Extraction                | 1 time(s) per accident;<br>Unlimited time(s) per calendar year<br>(applies to all procedures) | \$100 | \$150 |
| Filling                   | 1 time(s) per accident;<br>Unlimited time(s) per calendar year<br>(applies to all procedures) | \$25  | \$50  |
| <b>Eye Injury Benefit</b> |   |       |       |
| Eye Injury                | 1 time(s) per accident;<br>Unlimited time(s) per calendar year                                | \$200 | \$300 |

|   |  | LOW PLAN            | HIGH PLAN           |
|---|--|---------------------|---------------------|
| BENEFIT   | BENEFIT LIMITS   | ALL COVERED PERSONS | ALL COVERED PERSONS |
| <b>MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY</b> |  |                     |                     |
| <b>Ground Ambulance Benefit</b>                         |  |                     |                     |
| Ground Ambulance  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year   | \$100               | \$200               |
| <b>Air Ambulance Benefit</b>                            |  |                     |                     |
| Air Ambulance   | 1 time(s) per accident;<br>Unlimited time(s) per calendar year   | \$500               | \$1,500             |
| <b>Emergency Care Benefit</b>                           |  |                     |                     |
| Emergency Room  | 1 time per accident (combined with<br>Non-Emergency Initial Care<br>Benefit). Payable within 96 hours<br>after the accident. | \$150               | \$200               |
| Physician's Office                                      |  | \$75                | \$100               |
| Urgent Care   |  | \$50                | \$100               |
| <b>Non-Emergency Initial Care Benefit</b>               |  |                     |                     |
| Non-Emergency Initial Care                              | 1 time per accident (combined with<br>Emergency Care Benefit)  | \$50                | \$100               |
| <b>Medical Testing Benefit</b>                          |  |                     |                     |
| Medical Testing (X-rays)                                | 2 time(s) per accident;<br>Unlimited time(s) per calendar year   | \$20                | \$40                |
| <b>Physician Follow-Up Benefit</b>                      |  |                     |                     |
| Physician Follow-Up Visit                               | 2 time(s) per accident;<br>6 time(s) per calendar year   | \$75                | \$100               |
| <b>Transportation Benefit</b>                           |  |                     |                     |
| Transportation  | 1 time(s) per accident;  | \$400               | \$600               |

## Accident Insurance

|  |   |  |         |         |
|--|---|--|---------|---------|
|  | 2 time(s) per calendar year                                     |  |         |         |
| <b>Therapy Services Benefit</b>  |   |  |         |         |
| Acupuncture  | 10 time(s) per accident;<br>Unlimited time(s) per calendar year | \$35   | \$50    |         |
| Chiropractic Therapy   |   | \$35   | \$50    |         |
| Cognitive Behavioral Therapy   |   | \$35   | \$50    |         |
| Occupational Therapy   |   | \$35   | \$50    |         |
| Physical Therapy   |   | \$35   | \$50    |         |
| Respiratory therapy  |   | \$35   | \$50    |         |
| Speech Therapy   |   | \$35   | \$50    |         |
| Vocational Therapy   |   | \$35   | \$50    |         |
| <b>Pain Benefit</b>  |   |  |         |         |
| Pain Management (for Epidural Anesthesia)                                  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year  | \$100  | \$100   |         |
| <b>Prosthetic Device Benefit</b>   |   |  |         |         |
| One Device Only  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year  | \$500  | \$750   |         |
| More than One Device   |   | \$1,000  | \$1,500 |         |
| <b>Medical Appliance Benefit</b>   |   |  |         |         |
| Brace  |   | \$75   | \$150   |         |
| Cane   |   | \$75   | \$150   |         |
| Crutches   |   | \$75   | \$150   |         |
| Walker - expected use < 1yr  |   | \$150  | \$200   |         |
| Walker - expected use >=1 yr   |   | \$300  | \$400   |         |
| Walking Boot   |   | \$75   | \$150   |         |
| Wheel chair or motorized scooter - expected use < 1yr                      |   | \$200  | \$300   |         |
| Wheel chair or motorized scooter - expected use >=1yr                      |   | \$750  | \$1,000 |         |
| Other medical device used for Mobility                                     |   | \$75   | \$150   |         |
| Medical Appliance Benefit Limit (for all appliances combined per accident) |   | \$750  | \$1,000 |         |
| <b>Modification Benefit</b>  |   |  |         |         |
| Modification   |   | 1 time(s) per accident;<br>Unlimited time(s) per calendar year | \$1,000 | \$1,500 |
| <b>Blood/ Plasma/ Platelets Benefit</b>                                    |   |  |         |         |
| Blood/Plasma/Platelets   | 1 time(s) per accident;<br>Unlimited time(s) per calendar year  | \$300  | \$300   |         |
| <b>Surgery Benefits</b>  |   |  |         |         |

## Accident Insurance

|   |  |         |         |
|---|--|---------|---------|
| Surgical Repair – Cranial   | 1 time(s) per accident;<br>Unlimited time(s) per calendar year | \$1,500 | \$2,000 |
| Surgical Repair – Hernia  |  | \$150   | \$200   |
| Surgical Repair – Ruptured Disc                                   |  | \$500   | \$750   |
| Surgical Repair – Skin Graft (% of Burn Benefit )                 |  | 50%     | 50%     |
| Surgical Repair – Torn Cartilage in Knee                          |  | \$500   | \$750   |
| Surgical Repair – Torn tendon/ligament/rotator cuff - one         |  | \$250   | \$750   |
| Surgical Repair – Torn tendon/ligament/rotator cuff - two or more |  | \$500   | \$1,500 |
| Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity      |  | \$1,500 | \$2,000 |
| Exploratory Surgery (for any Surgery Benefit procedure)           |  | \$150   | \$350   |
| <b>Other Outpatient Surgery Benefit</b>                           |  |         |         |
| Other Outpatient Surgery Benefit                                  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year | \$300   | \$400   |

|  |  | LOW PLAN            | HIGH PLAN           |
|--|--|---------------------|---------------------|
| BENEFIT  | BENEFIT LIMITS   | ALL COVERED PERSONS | ALL COVERED PERSONS |
| <b>ACCIDENT – HOSPITAL BENEFITS CATEGORY</b>                   |  |                     |                     |
| <b>Hospital Admission Benefit</b>                              |  |                     |                     |
| Admission  | 1 time per accident;<br>Unlimited times per calendar year  | \$750               | \$1,250             |
| ICU Supplemental Admission (paid in addition to Admission)     |  | \$1,500             | \$2,500             |
| <b>Hospital Confinement Benefit</b>                            |  |                     |                     |
| Confinement  | 15 days per accident. Payable after the first day of admission.<br>ICU Supplemental Confinement will pay an additional benefit for 15 of those days. | \$175               | \$250               |
| ICU Supplemental Confinement (paid in addition to Confinement) |  | \$175               | \$250               |
| <b>Inpatient Rehabilitation Benefit</b>                        |  |                     |                     |
| Inpatient Rehabilitation                                       | 15 days per accident;<br>30 days per calendar year   | \$150               | \$150               |

|                                |                             | LOW PLAN            | HIGH PLAN           |
|--------------------------------|-----------------------------|---------------------|---------------------|
| BENEFIT                        | BENEFIT LIMITS              | ALL COVERED PERSONS | ALL COVERED PERSONS |
| <b>OTHER BENEFITS CATEGORY</b> |                             |                     |                     |
| Health Screening Benefit       | 1 time(s) per calendar year | \$75                | \$150               |

## Accident Insurance

|                 |                             |       |       |
|-----------------|-----------------------------|-------|-------|
| Lodging Benefit | 15 day(s) per calendar year | \$100 | \$150 |
|-----------------|-----------------------------|-------|-------|

### Notes Regarding Certain Benefits:

- **Accidental Death Benefits Category:** 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.
- 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.

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

### 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 <sup>3</sup>                        | Benefit Amount |
|---|----------------|
| Ambulance (ground)                                | \$200          |
| Emergency Care                                    | \$200          |
| Physician Follow-Up (\$100 x 2)                   | \$200          |
| Medical Testing                                   | \$40           |
| Concussion  | \$100          |
| Broken Tooth (repaired by crown)                  | \$300          |
| Benefits paid by MetLife Group Accident Insurance | \$1,040        |

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



## Accident Insurance

### Questions & Answers

**Q. Who is eligible to enroll for this accident coverage?**

**A. You are eligible to enroll yourself and your eligible family members!**<sup>4</sup> 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.**<sup>5</sup> 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 Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.**

### 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                     | \$12.25             | \$14.70   |
| Employee & Spouse            | \$24.50             | \$29.40   |
| Employee & Child(ren)        | \$28.55             | \$34.40   |
| Employee & Spouse/Child(ren) | \$40.80             | \$49.10   |

<sup>1</sup> 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.

<sup>2</sup> Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

<sup>3</sup> Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

<sup>4</sup> 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. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

<sup>5</sup> 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.