

## Accident Insurance

Radiology Partners

Coverage that can help pay for unexpected expenses, such as those that may not be covered under 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 payment regardless of any other insurance payment you may receive. Here are just some of the covered events/services.<sup>1</sup>

| Benefit Type                                                                                          | Low Plan<br>MetLife Accident<br>Insurance Pays YOU                         | High Plan<br>MetLife Accident<br>Insurance Pays YOU                        |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Injuries</b>                                                                                       |                                                                            |                                                                            |
| Fractures <sup>2</sup>                                                                                | \$50 – \$3,000                                                             | \$100 – \$6,000                                                            |
| Dislocations <sup>2</sup>                                                                             | \$50 – \$3,000                                                             | \$100 – \$6,000                                                            |
| Second- and Third- Degree Burns                                                                       | \$50 – \$5,000                                                             | \$100 – \$10,000                                                           |
| Concussions                                                                                           | \$200                                                                      | \$400                                                                      |
| Cuts/Lacerations                                                                                      | \$25 – \$200                                                               | \$50 – \$400                                                               |
| Eye Injuries                                                                                          | \$200                                                                      | \$300                                                                      |
| <b>Medical Services &amp; Treatment<sup>1</sup></b>                                                   |                                                                            |                                                                            |
| Ambulance                                                                                             | \$200 – \$750                                                              | \$300 – \$1,000                                                            |
| Emergency Care                                                                                        | \$25 – \$50                                                                | \$50 – \$100                                                               |
| Non-Emergency Care                                                                                    | \$25                                                                       | \$50                                                                       |
| Physician Follow-Up                                                                                   | \$50                                                                       | \$75                                                                       |
| Therapy Services (including physical therapy)                                                         | \$15                                                                       | \$25                                                                       |
| Medical Testing Benefit                                                                               | \$100                                                                      | \$200                                                                      |
| Medical Appliances                                                                                    | \$50 – \$500                                                               | \$100 – \$1,000                                                            |
| Inpatient Surgery                                                                                     | \$100 – \$1,000                                                            | \$200 – \$2,000                                                            |
| <b>Hospital<sup>3</sup> Coverage (Accident)</b>                                                       |                                                                            |                                                                            |
| Admission                                                                                             | \$500 (non-Intensive Care Unit (ICU)) – \$1,000 (ICU) per accident         | \$1,000 (non-ICU) – \$2,000 (ICU) per accident                             |
| Confinement                                                                                           | \$100 a day (non-ICU) — up to 31 days<br>\$200 a day (ICU) — up to 31 days | \$200 a day (non-ICU) — up to 31 days<br>\$400 a day (ICU) — up to 31 days |
| Inpatient Rehabilitation (paid per accident) <sup>8</sup>                                             | \$100 a day, up to 15 days                                                 | \$200 a day, up to 15 days                                                 |
| Benefit Type                                                                                          | Low Plan<br>MetLife Accident<br>Insurance Pays YOU                         | High Plan<br>MetLife Accident<br>Insurance Pays YOU                        |
| <b>Accidental Death</b>                                                                               |                                                                            |                                                                            |
| Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown. | \$25,000<br>\$75,000 for common carrier <sup>5</sup>                       | \$50,000<br>\$150,000 for common carrier <sup>5</sup>                      |
| <b>Dismemberment, Loss &amp; Paralysis</b>                                                            |                                                                            |                                                                            |
| Dismemberment, Loss & Paralysis                                                                       | \$250 – \$10,000 per injury                                                | \$500 - \$50,000 per injury                                                |
| <b>Other Benefits</b>                                                                                 |                                                                            |                                                                            |



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Lodging<sup>6</sup> — Pays for lodging for companion — up to 30 nights per calendar year

\$100 per night — up to 31 nights

\$200 per night — up to 31 nights

### Benefit Payment Example

My child plays soccer on the varsity high school team. During a recent game, my child collided with an opposing player, and 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. The doctor ordered a Computed Tomography scan to check for facial fractures too. My child was released to our primary care physician for two follow-up treatments, and our dentist repaired the broken tooth with a crown. Depending on my health insurance, my 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>1</sup>                        | Benefit Amount |
|---------------------------------------------------|----------------|
| Ambulance (ground)                                | \$300          |
| Emergency Care                                    | \$100          |
| Physician Follow-Up (\$75 x 2)                    | \$150          |
| Medical Testing                                   | \$200          |
| Concussion                                        | \$400          |
| Broken Tooth (repaired by crown)                  | \$200          |
| Benefits paid by MetLife Group Accident Insurance | \$1,350        |

This example is for illustrative purposes only. The MetLife Accident Insurance Policy and Certificate are the governing documents with respect to all matters of insurance. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

### 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>9</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. 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](https://mybenefits.metlife.com).**

<sup>1</sup> 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.

<sup>2</sup> Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

<sup>3</sup> 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.

<sup>4</sup> The Hospital Sickness benefit may not be available in the following states: NH, VT and WA. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

<sup>5</sup> 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.

<sup>6</sup> 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 insured's primary residence.

<sup>7</sup> The Health Screening Benefit is not 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]

<sup>8</sup> 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.



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<sup>9</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. Additional restrictions apply to dependents serving in the armed forces or living overseas. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

<sup>10</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 AND HOSPITAL INDEMNITY INSURANCE POLICIES ARE LIMITED BENEFIT GROUP INSURANCE POLICIES. The policies are 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 policies or their provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits, if applicable. MetLife's Accident and Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may 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, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval. 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.