

## Accident Insurance

Effective June 1, 2024 – May 31, 2025

You can elect voluntary benefits by logging in to **ADP TotalSource®**.

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 receive<sup>2</sup>. Here are just some of the covered events/services<sup>1</sup>.

You are eligible to elect Accident Insurance coverage if you are Actively at Work, working at least 15 hours per week, excluding temporary or seasonal employees. Commission Only worksite employees who do not draw a salary or hourly wage from employer are not eligible for Voluntary Benefits offered through MetLife.

### 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

BENEFIT	BENEFIT LIMITS	LOW PLAN			HIGH PLAN		
		EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL DEATH BENEFITS CATEGORY</b>							
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



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		LOW PLAN			HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY</b>							
<b>Basic Dismemberment/Functional Loss Benefit</b>							
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
<b>Catastrophic Dismemberment/Functional Loss Benefit</b>							
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
<b>Paralysis Benefit</b>							
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



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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)		\$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%
<b>Fracture* Benefit (Open)</b>			
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



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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%	
<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)		\$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%
<b>Dislocation* Benefit (Open)</b>			
Lower Jaw		\$1,500	\$2,000
Collarbone (sternoclavicular)		\$2,000	\$3,000
Collarbone (acromioclavicular and separation)		\$1,500	\$2,000

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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%
<b>Burn Benefit</b>			
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
<b>Concussion Benefit</b>			
Concussion	1 time(s) per calendar year	\$400	\$600
<b>Coma Benefit</b>			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$10,000	\$15,000
<b>Laceration Benefit</b>			
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$75	\$100
Repaired by stiches but less than 2 inches long		\$150	\$200
Repaired by stiches and 2-6 inches long		\$300	\$400
Repaired by stiches and over 6 inches long		\$600	\$800
<b>Broken Tooth Benefit</b>			
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

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Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$50	\$75
<b>Eye Injury Benefit</b>			
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
<b>MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY</b>			
<b>Ground Ambulance Benefit</b>			
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$500
<b>Air Ambulance Benefit</b>			
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,500
<b>Emergency Care Benefit</b>			
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
<b>Non-Emergency Initial Care Benefit</b>			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$100	\$250
<b>Medical Testing Benefit</b>			
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$150	\$300
<b>Physician Follow-Up Benefit</b>			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$100	\$200
<b>Transportation Benefit</b>			
Transportation	1 time(s) per accident; 3 time(s) per calendar year	\$400	\$500
<b>Therapy Services Benefit</b>			
Acupuncture		\$50	\$75
Chiropractic Therapy		\$50	\$75



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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
<b>Pain Benefit</b>			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$100	\$150
<b>Prosthetic Device Benefit</b>			
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
<b>Medical Appliance Benefit</b>			
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
<b>Modification Benefit</b>			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$2,000
<b>Blood/Plasma/Platelets Benefit</b>			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$500
<b>Surgery Benefits</b>			
Surgical Repair – Cranial		\$2,000	\$3,000
Surgical Repair – Hernia		\$200	\$300
Surgical Repair – Ruptured Disc		\$1,000	\$1,500



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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
<b>Other Outpatient Surgery Benefit</b>			
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
<b>ACCIDENT – HOSPITAL BENEFITS CATEGORY</b>			
<b>Hospital* Admission Benefit</b>			
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
<b>Hospital* Confinement Benefit</b>			
Confinement	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
<b>Inpatient Rehabilitation Benefit</b>			
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
<b>OTHER BENEFITS CATEGORY</b>			
Health Screening Benefit*	1 time(s) per calendar year	\$75	\$75
Lodging Benefit*	30 day(s) per calendar year	\$100	\$200





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### 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.

### Healthcare Navigation Services

As an added benefit you will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.

Access and manage your MetLife Healthcare Navigation Services account at [member.alight.com](https://member.alight.com). You can also reach out to a dedicated MetLife Health Pro at **1-855-769-4380** or via email at [MetLifeHealthPro@alight.com](mailto:MetLifeHealthPro@alight.com).

#### \* Notes Regarding Certain Benefits

- **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.
- **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.
- **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.
- **Health Screening Benefit/Accident Prevention Screening Benefit** <sup>7</sup> – 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.



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- **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.
- **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.
- **Building Benefit Rider** – the rider is not available in all states.

### Additional Resources

#### Digital Estate Planning<sup>3</sup>

You may use online will preparation services provided by MetLife Legal Plans to create a will, living will, or a power of attorney by visiting [www.willscenter.com](http://www.willscenter.com).

#### MetLife VisionAccess<sup>4</sup>

You will have access to the MetLife VisionAccess discount<sup>9</sup> program. The program provides a discount on eye exams, glasses and frames, and laser vision correction<sup>10</sup> 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 <sup>5</sup>	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.

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### Questions & Answers

#### Q. When does my coverage begin?

A. Your coverage starts on the effective date of your coverage. There are no waiting periods for it to begin.

#### Q. Who is eligible to elect Accident Insurance coverage?

A. You are eligible to elect Accident Insurance for yourself and your eligible family members.<sup>6</sup> You need to elect coverage during your Enrollment Period and to be actively at work for your coverage to be effective.

#### Q. Can I elect coverage for my Dependents?

A. Yes, if you elect coverage for yourself, you may also choose to elect coverage for your Spouse/Domestic Partner<sup>8</sup> and child(ren). When electing coverage, we require a few key details about your dependents. Please provide first, last name and date of birth for your spouse/partner and child(ren). Please review these details during enrollment to ensure they are accurate to ensure no coverage issues.

**ADP TotalSource** does not endorse this program or make any warranties or representations as to its quality or suitability. **ADP TotalSource** does not contribute to any policy or service offered under the program. **ADP TotalSource's** responsibilities are limited to those permitted by applicable law and regulations governing voluntary benefit programs, such as coordinating payroll deductions for premium payments. 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.

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

<sup>3</sup> Digital Estate Planning without online notary is available to all individuals residing in GU, PR, or VI. Domestic partnerships are currently not supported 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.

<sup>4</sup> 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.

<sup>5</sup> Benefit amount is based on sample MetLife plan design. Actual plan design and plan benefits may vary.

<sup>6</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 may apply to dependents serving in the armed forces or living overseas.

<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> Coverage for Domestic Partners, civil union partners, and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>9</sup> 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.



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<sup>10</sup>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.

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.



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## Help supplement your healthcare coverage with Accident Insurance.

Receive benefit payments directly and use the funds however you wish.

\* Photos do not represent actual MetLife Customers.

### What is Accident Insurance?

**Accident Insurance works to supplement your medical coverage** — and pays regardless of what your medical plan may or may not cover. It's coverage that provides a financial security for life's unexpected events by providing you with a lump-sum payment (one convenient payment all at once) for a covered<sup>1</sup> event when your family may need it most. The payment you receive is yours to spend however you like. It pays if you have tests, or receive medical services, treatment or care for one of more than 150 covered events<sup>1</sup> as defined in your certificate.

### Q. How does the payment work?

A. We make payments directly to you. The amount you receive is paid regardless of any other insurance you might have, and you can spend it however you like. You might use it to help pay for medical plan deductibles and copays, out of network care, or even for your family's everyday living expenses. Whatever you need while recovering from an accident or injury, Accident Insurance is there to help make life a little easier.

### Q. I have a medical plan at work, so why do I need Accident Insurance?

A. Accidents can happen anytime, anywhere and usually when you least expect them. What's more, they can be costly. Even the best medical plans can leave you with extra expenses to pay or services that just aren't covered. Things like plan deductibles, copays, extra costs for out-of-network care, or non-covered services. Many people aren't prepared to handle these extra costs, so having this extra financial support when the time comes may mean less worry for you and your family.

### Q. Can I elect this coverage without having a medical exam?

A. Yes. Your Accident Insurance coverage is guaranteed<sup>2</sup>, regardless of your health. You just need to be actively at work to be covered. There are no medical exams to take and no health questions to answer, so the whole process might be easier than you first thought.

### Q. How much will Accident Insurance cost?

A. Accident Insurance may be more cost-effective than you think. It is designed to be an economical way to supplement your healthcare plan, regardless of any other insurance that you may have. Insurance rates are available in the Plan Summary.

### Q. How do I pay for my coverage?

A. Premiums are conveniently deducted through payroll deductions. If you are a Non Paid Owner, you will be billed directly.

### Q. If my employment status changes, can I take my coverage with me?



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A. Yes, this coverage is portable, meaning you can take it wherever you go. 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.<sup>3</sup>

### Q. Who do I call for assistance?

A. You may reach MetLife directly at **877-ADPTS01** or **(877-237-8701)** and talk with a benefits consultant. Or visit our website: [mybenefits.metlife.com/ADPTotalSource](https://mybenefits.metlife.com/ADPTotalSource).

### Q. Is the claims process simple?

A. Yes. Once we receive all the required information, claims are generally processed within 10 business days.<sup>4</sup> You only need one claim form per accident and every claim is reviewed by a claims professional.

### Q. Do I need to designate a beneficiary?

A. Once coverage is effective, you may designate your Accident Insurance beneficiary online through MetLife's MyBenefits website:

- Go to the MetLife MyBenefits website at [mybenefits.metlife.com/ADPTotalSource](https://mybenefits.metlife.com/ADPTotalSource) and enter "ADP TotalSource" as the Company Name.
- Log into your account by entering your username and password.
- First time users will need to click "Register Now" to choose a username and password and to establish security questions.
- Under Accident Insurance, click on "I want to" and when a drop-down menu appears, select "Update Beneficiary".

### Q. What happens if I do not make any changes during annual enrollment?

A. If you do not make changes during annual enrollment, your coverage will default to your current coverage choices from the previous plan year. You may wish to review your coverage each year during annual enrollment to ensure it still fits your needs.



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**ADP TotalSource** does not endorse this program or make any warranties or representations as to its quality or suitability. **ADP TotalSource** does not contribute to any policy or service offered under the program. **ADP TotalSource's** responsibilities are limited to those permitted by applicable law and regulations governing voluntary benefit programs such as coordinating payroll deductions for premium payments. 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.

- <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> 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.
- <sup>3</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.
- <sup>4</sup> Applies only to "clean" claims. A clean claim is a claim submitted with all the required information necessary to process the claim; no missing information requiring additional follow up with the subscriber. It generally takes 10 business days to process "clean" claims.

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.

