

Accident Insurance

UT-Battelle, LLC

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 receive¹. Here are just some of the covered events/services².

This plan provides protection 24 hours a day—while on or off the job.

Benefit Type	Low Plan Benefits	High Plan Benefits
Accidental Injury Benefits		
Fracture Benefit*	\$100 – \$8,000 depending on the fracture and type of repair	\$200 – \$10,000 depending on the fracture and type of repair
Dislocation Benefit*	\$100 – \$8,000 depending on the dislocation and type of repair	\$200 – \$10,000 depending on the dislocation and type of repair
Second- or Third-Degree Burn Benefit	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin	\$100 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$250	\$500
Coma Benefit	\$7,500	\$10,000
Laceration Benefit	\$50 – \$400 depending on the length of the cut and type of repair	\$75 – \$700 depending on the length of the cut and type of repair
Puncture Wound Benefit	\$100	\$200
Broken Tooth Benefit	Crown: \$200 Filling: \$25 Extraction: \$100	Crown: \$300 Filling: \$50 Extraction: \$150
Eye Injury Benefit	\$300	\$400
Accident - Medical Services & Treatment Benefits		
Ambulance Benefit	Ground: \$300 Air: \$1,000	Ground: \$400 Air: \$1,250
Emergency Care Benefit	\$75 – \$100 depending on location of care	\$100 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$75	\$100
Physician Follow-Up Visit Benefit	\$75	\$100
Therapy Services Benefit (including physical therapy)	\$35	\$50
Medical Testing Benefit	\$100	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance	\$150 – \$1,000 depending on the appliance
Transportation Benefit	\$300	\$400
Pain Management Benefit (for epidural anesthesia)	\$75	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500	One device: \$1,000 More than one device: \$2,000



Accident Insurance

Modification Benefit	\$1,000	\$1,500
Blood/Plasma/Platelets Benefit	\$400	\$500
Surgical Repair Benefit	\$250 – \$1,500 depending on the type of surgery	\$300 – \$2,000 depending on the type of surgery
Exploratory Surgery Benefit	\$150	\$200
Other Outpatient Surgery Benefit	\$300	\$400
General Anesthesia Benefit	\$150	\$200
Hospital Benefits		
Admission Benefit	\$750 for the day of admission	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$750 for the day of admission	\$1,000 for the day of admission
Confinement Benefit (paid for up to 15 days per accident)	\$100 per day	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	\$100 per day	\$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$150 per day	\$200 per day
Paralysis		
Paralysis	\$10,000 – \$20,000 depending on the number of limbs	\$20,000 – \$40,000 depending on the number of limbs
Other Benefits		
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day	\$200 per day

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 the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Lodging Benefit - The lodging must be at least 50 miles from the insured's primary residence.

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 ³	Benefit Amount
Ambulance (ground)	\$400
Emergency Care	\$150
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$150
Concussion	\$500

Accident Insurance

Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$1,700

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

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.**

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	\$3.49	\$5.21
Employee & Spouse	\$5.83	\$8.68
Employee & Child(ren)	\$7.57	\$11.29
Employee & Spouse/Child(ren)	\$9.70	\$14.45

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 group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

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

⁴ Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

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.