Benefits that may help cover costs such as those not covered by your medical plan.

### **Accident Insurance Benefits**

With MetLife, you'll have a 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>.

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

Benefit Type <sup>1</sup>	Plan Benefits
Accidental Injury Benefits	
Fracture* (depending on the fracture and type of repair)	\$200 - \$9,000
Dislocation* (depending on the dislocation and type of repair)	\$200 - \$10,000
Second- or Third- Degree Burn (depending on degree of burn and percentage of burnt skin)	\$250 - \$15,000
Concussion	\$750
Coma	\$15,000
Laceration (depending on the length of the cut and type of repair)	\$100 – \$600
Broken Tooth	Crown: \$400 / Filling: \$75 / Extraction: \$150
Broken Tooth	Crown: \$400 / Filling: \$75 / Extraction: \$150
Broken Tooth  Accident - Medical Services & Treatment Benefits	
Accident - Medical Services & Treatment Benefits	
Accident - Medical Services & Treatment Benefits Ambulance Emergency Care	Ground: \$1,000 / Air: \$2,000
Accident - Medical Services & Treatment Benefits Ambulance Emergency Care (depending on location of care)	Ground: \$1,000 / Air: \$2,000 \$250
Accident - Medical Services & Treatment Benefits Ambulance Emergency Care (depending on location of care) Non-Emergency Initial Care	Ground: \$1,000 / Air: \$2,000 \$250 \$200
Accident - Medical Services & Treatment Benefits Ambulance Emergency Care (depending on location of care) Non-Emergency Initial Care Physician Follow-Up	Ground: \$1,000 / Air: \$2,000 \$250 \$200 \$150
Accident - Medical Services & Treatment Benefits Ambulance Emergency Care (depending on location of care) Non-Emergency Initial Care Physician Follow-Up Therapy Services (including physical therapy)	Ground: \$1,000 / Air: \$2,000 \$250 \$200 \$150 \$125
Accident - Medical Services & Treatment Benefits Ambulance Emergency Care (depending on location of care) Non-Emergency Initial Care Physician Follow-Up Therapy Services (including physical therapy) Medical Testing Medical Appliances	Ground: \$1,000 / Air: \$2,000 \$250 \$200 \$150 \$125 \$500
Accident - Medical Services & Treatment Benefits Ambulance Emergency Care (depending on location of care) Non-Emergency Initial Care Physician Follow-Up Therapy Services (including physical therapy) Medical Testing Medical Appliances (depending on the appliance)	Ground: \$1,000 / Air: \$2,000 \$250 \$200 \$150 \$125 \$500 \$200 - \$1,500
Accident - Medical Services & Treatment Benefits Ambulance  Emergency Care (depending on location of care)  Non-Emergency Initial Care  Physician Follow-Up  Therapy Services (including physical therapy)  Medical Testing  Medical Appliances (depending on the appliance)  Transportation	Ground: \$1,000 / Air: \$2,000 \$250 \$200 \$150 \$125 \$500 \$200 – \$1,500



Surgical Repair (depending on the type of surgery)	\$400 – \$3,000
Exploratory Surgery	\$200
Other Outpatient Surgery	\$300
Hospital Benefits*	
Admission	\$2,000 for the day of admission
Intensive Care Unit (ICU) Supplemental Admission	\$2,000 for the day of admission
Confinement (paid for up to 30 days per accident)	\$400 per day
ICU Supplemental Confinement (paid for up to 30 days per accident)	\$400 per day
Inpatient Rehabilitation (paid for up to 15 days per accident)	\$300 per day
Other Benefits	
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$300 per day
Health Screening Benefit* Accident Prevention Screening Benefit* (Refer to Notes Regarding Certain Benefits for Health Screening Benefit/Accident Prevention Screening Benefit)	\$50 (Paid 1 time per calendar year)

## **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
- 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. 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
- 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.
- Health Screening Benefit/Accident Prevention Screening Benefit The Health Screening Benefit may not be 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.

  Benefit.
- 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.



# **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)	\$1,000
Emergency Care	\$250
Physician Follow-Up (\$150 x 2)	\$300
Medical Testing	\$500
Concussion	\$750
Broken Tooth (repaired by crown)	\$400
Benefits paid by MetLife Group Accident Insurance	\$3,200

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

#### **Questions & Answers**

- Q. How do I enroll?
- A. Enroll for coverage at https://www.myepcares.com
- 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. EP Cares** offers payroll deductions or a billing service (depending on your production company/studio). See the **EP Cares** Benefits Guide for more information.
- 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.** Monthly rates are outlined below. MetLife benefits through EP Cares are paid 100% by the employee. Your employer contribution cannot be applied to MetLife benefits.

Accident Insurance	
Coverage Options	Monthly Plan Rates
Employee	\$9.55
Employee & Spouse	\$19.10
Employee & Child(ren)	\$23.15
Employee & Spouse/Child(ren)	\$27.30

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.



<sup>&</sup>lt;sup>1</sup> Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

<sup>&</sup>lt;sup>2</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>&</sup>lt;sup>3</sup> Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

<sup>&</sup>lt;sup>4</sup> Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>&</sup>lt;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.