Accident Insurance

Pampa Independent School District

Benefits that may help cover costs regardless of what may or may not be covered by your medical plan.

Accident Insurance Benefits

With MetLife Accident Insurance , you'll have a High Plan that provide payments regardless of any other insurance payments you may receive[1]. Here are just some of the covered events/services[2].

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

		HIGH PLAN		
BENEFIT	**BENEFIT LIMITS**	**EMPLOYEE**	**SPOUSE**	**CHILD**
ACCIDENTAL DEATH BENEFITS CATEGORY				
Basic Accidental Death	N/A	$60,000	$30,000	$12,000
Accidental Death Common Carrier		$150,000	$75,000	$30,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY				
Basic Dismemberment/Functional Loss Benefit				
Loss of one finger or one toe	N/A	$1,000	$1,000	$1,000
Loss of one arm or one leg		$15,000	$15,000	$15,000
Loss of one hand or one foot		$15,000	$15,000	$15,000
Loss of two or more fingers or toes		$2,000	$2,000	$2,000
Loss of sight in one eye		$15,000	$15,000	$15,000
Loss of hearing in one ear		$15,000	$15,000	$15,000
Catastrophic Dismemberment/Functional Loss Benefit				
Loss of both arms or both legs or one arm and one leg	N/A	$40,000	$40,000	$40,000
Loss of both hands or both feet or one hand and one foot		$40,000	$40,000	$40,000
Loss of sight in both eyes		$40,000	$40,000	$40,000
Loss of hearing in both ears		$40,000	$40,000	$40,000
Loss of ability to speak		$40,000	$40,000	$40,000
Paralysis Benefit				
Two Limbs (paraplegia or hemiplegia)	N/A	$20,000	$20,000	$20,000
Four Limbs (quadriplegia)		$40,000	$40,000	$40,000

		HIGH PLAN		
BENEFIT	**BENEFIT LIMITS**	**EMPLOYEE**	**SPOUSE**	**CHILD**
ACCIDENTAL INJURY BENEFITS CATEGORY				
Fracture Benefit (Closed)				
Face or Nose (except mandible or maxilla)		$2,000	$2,000	$2,000

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Skull Fracture - depressed (except bones of face or nose)	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.	$5,000	$5,000	$5,000
Skull Fracture - non depressed (except bones of face or nose)		$2,500	$2,500	$2,500
Lower Jaw, Mandible (except alveolar process)		$1,000	$1,000	$1,000
Upper Jaw, Maxilla (except alveolar process)		$2,000	$2,000	$2,000
Upper Arm between Elbow and Shoulder (humerus)		$2,000	$2,000	$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		$1,000	$1,000	$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		$1,000	$1,000	$1,000
Rib		$1,000	$1,000	$1,000
Finger, Toe		$200	$200	$200
Vertebrae, Body of (excluding vertebral processes)		$2,000	$2,000	$2,000
Vertebral Process		$750	$750	$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		$2,000	$2,000	$2,000
Hip, Thigh (femur)		$5,000	$5,000	$5,000
Coccyx		$750	$750	$750
Leg (tibia and/or fibula)		$2,000	$2,000	$2,000
Kneecap (patella)		$750	$750	$750
Ankle		$750	$750	$750
Foot (except toes)		$750	$750	$750
Chip Fracture		25%	25%	25%
Fracture Benefit (Open)				
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.	$4,000	$4,000	$4,000
Skull Fracture - depressed (except bones of face or nose)		$10,000	$10,000	$10,000
Skull Fracture - non depressed (except bones of face or nose)		$5,000	$5,000	$5,000
Lower Jaw, Mandible (except alveolar process)		$2,000	$2,000	$2,000
Upper Jaw, Maxilla (except alveolar process)		$4,000	$4,000	$4,000
Upper Arm between Elbow and Shoulder (humerus)		$4,000	$4,000	$4,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		$2,000	$2,000	$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		$2,000	$2,000	$2,000
Rib		$2,000	$2,000	$2,000
Finger, Toe		$400	$400	$400
Vertebrae, Body of (excluding vertebral processes)		$4,000	$4,000	$4,000

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Vertebral Process		$1,500	$1,500	$1,500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		$4,000	$4,000	$4,000
Hip, Thigh (femur)		$10,000	$10,000	$10,000
Coccyx		$1,500	$1,500	$1,500
Leg (tibia and/or fibula)		$4,000	$4,000	$4,000
Kneecap (patella)		$1,500	$1,500	$1,500
Ankle		$1,500	$1,500	$1,500
Foot (except toes)		$1,500	$1,500	$1,500
Chip Fracture		25%	25%	25%
Dislocation Benefit (Closed)				
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.	$1,000	$1,000	$1,000
Collarbone (sternoclavicular)		$1,500	$1,500	$1,500
Collarbone (acromioclavicular and separation)		$1,000	$1,000	$1,000
Shoulder (glenohumeral)		$1,000	$1,000	$1,000
Rib		$1,000	$1,000	$1,000
Elbow		$1,000	$1,000	$1,000
Wrist		$1,000	$1,000	$1,000
Bone or Bones of the Hand (other than fingers)		$1,000	$1,000	$1,000
Hip		$5,000	$5,000	$5,000
Knee (except patella)		$2,500	$2,500	$2,500
Ankle - Bone or bones of the Foot (other than toes)		$1,000	$1,000	$1,000
One Toe or Finger		$200	$200	$200
Partial Dislocation		25%	25%	25%
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.	$2,000	$2,000	$2,000
Collarbone (sternoclavicular)		$3,000	$3,000	$3,000
Collarbone (acromioclavicular and separation)		$2,000	$2,000	$2,000
Shoulder (glenohumeral)		$2,000	$2,000	$2,000
Rib		$2,000	$2,000	$2,000
Elbow		$2,000	$2,000	$2,000
Wrist		$2,000	$2,000	$2,000
Bone or Bones of the Hand (other than fingers)		$2,000	$2,000	$2,000
Hip		$10,000	$10,000	$10,000
Knee (except patella)		$5,000	$5,000	$5,000
Ankle - Bone or bones of the Foot (other than toes)		$2,000	$2,000	$2,000

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One Toe or Finger		$400	$400	$400
Partial Dislocation		25%	25%	25%
Burn Benefit				
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	$100	$100	$100
2nd Degree 10-25% surface skin burnt		$200	$200	$200
2nd Degree 25-35% surface skin burnt		$750	$750	$750
2nd Degree 35% or more of surface skin burnt		$1,500	$1,500	$1,500
3rd Degree w/ less than 10% of surface skin burnt		$1,500	$1,500	$1,500
3rd Degree 10-25% surface skin burnt		$2,000	$2,000	$2,000
3rd Degree 25-35% surface skin burnt		$7,500	$7,500	$7,500
3rd Degree 35% or more of surface skin burnt		$15,000	$15,000	$15,000
Concussion Benefit				
Concussion	1 time(s) per calendar year	$500	$500	$500
Coma Benefit				
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	$20,000	$20,000	$20,000
Laceration Benefit				
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	$75	$75	$75
Repaired by stitches but less than 2 inches long		$125	$125	$125
Repaired by stitches and 2-6 inches long		$350	$350	$350
Repaired by stitches and over 6 inches long		$700	$700	$700
Broken Tooth Benefit				
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$300	$300	$300
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$150	$150	$150
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	$50	$50	$50
Eye Injury Benefit				
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	$400	$400	$400

		HIGH PLAN		
BENEFIT	**BENEFIT LIMITS**	**EMPLOYEE**	**SPOUSE**	**CHILD**

Accident Insurance

MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY				
Ground Ambulance Benefit				
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	$600	$600	$600
Air Ambulance Benefit				
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	$2,000	$2,000	$2,000
Emergency Care Benefit				
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	$300	$300	$300
Physician's Office		$100	$100	$100
Urgent Care		$100	$100	$100
Non-Emergency Initial Care Benefit				
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	$100	$100	$100
Medical Testing Benefit				
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	$200	$200	$200
Physician Follow-Up Benefit				
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	$100	$100	$100
Transportation Benefit				
Transportation	1 time(s) per accident; 2 time(s) per calendar year	$400	$400	$400
Therapy Services Benefit				
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	$50	$50	$50
Chiropractic Therapy		$50	$50	$50
Cognitive Behavioral Therapy		$50	$50	$50
Occupational Therapy		$50	$50	$50
Physical Therapy		$50	$50	$50
Respiratory therapy		$50	$50	$50
Speech Therapy		$50	$50	$50
Vocational Therapy		$50	$50	$50
Pain Benefit				
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	$100	$100	$100
Prosthetic Device Benefit				

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One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	$1,000	$1,000	$1,000
More than One Device		$2,000	$2,000	$2,000
Medical Appliance Benefit				
Brace		$150	$150	$150
Cane		$150	$150	$150
Crutches		$150	$150	$150
Walker - expected use < 1yr		$200	$200	$200
Walker - expected use >=1 yr		$400	$400	$400
Walking Boot		$150	$150	$150
Wheel chair or motorized scooter - expected use < 1yr		$300	$300	$300
Wheel chair or motorized scooter - expected use >=1yr		$1,000	$1,000	$1,000
Other medical device used for Mobility		$150	$150	$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		$1,000	$1,000	$1,000
Modification Benefit				
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	$1,500	$1,500	$1,500
Blood/ Plasma/ Platelets Benefit				
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	$500	$500	$500
Surgery Benefits				
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	$2,000	$2,000	$2,000
Surgical Repair – Hernia		$200	$200	$200
Surgical Repair – Ruptured Disc		$1,500	$1,500	$1,500
Surgical Repair – Skin Graft (% of Burn Benefit)		50%	50%	50%
Surgical Repair – Torn Cartilage in Knee		$1,500	$1,500	$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		$1,000	$1,000	$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		$2,000	$2,000	$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		$2,000	$2,000	$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		$200	$200	$200
Other Outpatient Surgery Benefit				
Other Outpatient Surgery Benefit		$400	$400	$400

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	1 time(s) per accident; Unlimited time(s) per calendar year			

		HIGH PLAN		
BENEFIT	**BENEFIT LIMITS**	**EMPLOYEE**	**SPOUSE**	**CHILD**
ACCIDENT – HOSPITAL BENEFITS CATEGORY				
Hospital Admission Benefit				
Admission	1 time per accident; Unlimited times per calendar year	$1,500	$1,500	$1,500
ICU Supplemental Admission (paid in addition to Admission)		$1,500	$1,500	$1,500
Hospital Confinement Benefit				
Confinement	365 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	$300	$300	$300
ICU Supplemental Confinement (paid in addition to Confinement)		$300	$300	$300
Inpatient Rehabilitation Benefit				
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	$200	$200	$200

		HIGH PLAN		
BENEFIT	**BENEFIT LIMITS**	**EMPLOYEE**	**SPOUSE**	**CHILD**
OTHER BENEFITS CATEGORY				
Health Screening Benefit	1 time(s) per calendar year	$200	$200	$200
Lodging Benefit	15 day(s) per calendar year	$200	$200	$200

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.
- Admission Benefit: 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.
- 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.

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- 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), blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG) and electroencephalogram (EEG).

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[3]	Benefit Amount
Ambulance (ground)	**$600**
Emergency Care	**$300**
Physician Follow-Up ($100 x 2)	**$200**
Medical Testing	**$200**
Concussion	**$500**
Broken Tooth (repaired by crown)	**$300**
Benefits paid by MetLife Group Accident Insurance	**$2,100**

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 mybenefits.metlife.com

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.

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[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 certificate.

[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.