

# Covered Benefits

All Benefits Must Relate to Injuries Sustained in an Accident  
Please contact MetLife for detailed definitions and state variations of covered conditions.

Injuries	Low Plan	High Plan
<b>Fracture Benefit</b> - varies by type and number of broken bones Chip fractures paid at 25% of fracture benefit	\$50 - \$3,000	\$100 - \$6,000
<b>Dislocation Benefit</b> - varies by type and number of dislocations Partial dislocations paid at 25% of dislocation benefit	\$50 - \$3,000	\$100 - \$6,000
<b>Burn Benefit (2<sup>nd</sup> and 3<sup>rd</sup> degree)</b> - varies by type and severity of burns	\$50 - \$5,000	\$100 - \$10,000
<b>Skin Graft Benefit</b>	50% of Burn Benefit	50% of Burn Benefit
<b>Concussion Benefit</b>	\$200	\$400
<b>Coma Benefit</b>	\$5,000	\$10,000
<b>Ruptured Disk with Surgical Repair Benefit</b>	\$500	\$1,000
<b>Torn Cartilage in Knee Benefit</b> - with or without surgical repair	\$100 or \$500	\$150 or \$750
<b>Laceration (Cut) Benefit</b> - varies by length of laceration (cut)	\$25 - \$200	\$50 - \$400
<b>Torn/Ruptured/Severed Tendon/Ligament/Rotator Cuff Benefit</b> - varies by type of medical or surgical treatments and number of injuries	\$100 - \$750	\$150 - \$1,000
<b>Broken Tooth Benefit</b>	\$25 - \$100	\$50 - \$200
<b>Eye Injury Benefit</b>	\$200	\$300
Medical Services and Treatment	Low Plan	High Plan
<b>Ground Ambulance Benefit</b>	\$200	\$300
<b>Air Ambulance Benefit</b>	\$750	\$1,000
<b>Emergency Care Benefit</b> - varies depending on location of care	\$25 - \$50	\$50 - \$100
<b>Non-Emergency Care Benefit</b>	\$25	\$50
<b>Medical Testing Benefit</b> - X-Ray, MR/MRI, ultrasound, NCV, CT/CAT, EEG	\$100	\$200
<b>Physician Follow-up Benefit</b>	\$50	\$75
<b>Transportation Benefit</b> - travel more than 50 miles for follow-up treatment	\$200	\$400
<b>Therapy Services Benefit</b> - covers six types of therapy services	\$15	\$25
<b>Pain Management Benefit for Epidural Anesthesia</b>	\$50	\$100
<b>Prosthetic Device Benefit</b> - varies by type and number of devices	\$500 or \$1,000	\$750 or \$1,500
<b>Medical Appliance Benefit</b> - varies by type and number of devices	\$50 - \$500	\$100 - \$1,000
<b>Modification Benefit</b> - primary home or vehicle	\$500	\$1,000
<b>Blood/Plasma/Platelets Benefit</b>	\$300	\$400
<b>Inpatient Surgery Benefit</b> - varies by type of surgery	\$100 - \$1,000	\$200 - \$2,000
<b>Outpatient Ambulatory Surgery Benefit</b>	\$150	\$300
Hospital Coverage (Accident)	Low Plan	High Plan
<b>Hospital Admission Benefit</b> - non-ICU or ICU admission	\$500 or \$1,000	\$1,000 or \$2,000
<b>Hospital Confinement Benefit</b> - non-ICU or ICU confinement	\$100 or \$200 per day	\$200 or \$400 per day
<b>Inpatient Rehabilitation Unit Benefit</b>	\$100 per day	\$200 per day
Accidental Death	Low Plan	High Plan
<b>Basic Accidental Death Benefit</b>		
- Employee	\$25,000	\$50,000
- Spouse	\$12,500	\$25,000
- Child(ren)	\$5,000	\$10,000
<b>Accidental Death – Common Carrier Benefit</b>		
- Employee	\$75,000	\$150,000
- Spouse	\$37,500	\$75,000
- Child(ren)	\$15,000	\$30,000
Dismemberment, Loss & Paralysis	Low Plan	High Plan
<b>Basic Dismemberment Benefit</b>		
- Employee	\$250 - \$2,500	\$500 - \$10,000
- Spouse	\$250 - \$2,500	\$500 - \$10,000
- Child(ren)	\$250 - \$2,500	\$500 - \$10,000
<b>Catastrophic Dismemberment/Functional Loss Benefit</b>		
- Employee	\$10,000	\$50,000
- Spouse	\$10,000	\$50,000
- Child(ren)	\$10,000	\$50,000
<b>Paralysis Benefit</b> - varies by type and severity of paralysis		
- Employee	\$5,000 or \$10,000	\$25,000 or \$50,000
- Spouse	\$5,000 or \$10,000	\$25,000 or \$50,000

- Child(ren)	\$5,000 or \$10,000	\$25,000 or \$50,000
Other Benefits	Low Plan	High Plan
Lodging – for accompanying companion’s lodging more than 50 miles from the insured’s primary residence during insured’s hospitalization due to an accident	\$100 per day	\$200 per day