



Accident and Wellness Plan

<u>Plan Tier</u>	<u>Monthly Cost</u>	<u>Annual Cost*</u>	<u>Wellness Benefit</u>	<u>Net Annual Cost</u>
Employee Only	\$15.02	\$144.19	\$200	-\$55.81
Employee/Spouse	\$23.98	\$230.21	\$400	-\$169.79
Employee + 2 Child.	\$29.76	\$285.69	\$600	-\$314.31
Employee + 3 Child.	\$29.76	\$285.69	\$800	-\$514.31
Employee/Fam-2 child.	\$38.11	\$365.86	\$800	-\$434.14
Employee/Fam-3 child.	\$38.11	\$365.86	\$1000	-\$634.14
Employee/Fam-4 child.	\$38.11	\$365.86	\$1200	-\$834.14

*Pre-tax annual cost – assumes 20% tax rate

Wellness Benefit – Pays a \$200 benefit when you have a routine wellness exam. This benefit is limited to one per covered person per calendar year but no family maximum. In lieu of a routine wellness exam, the plan pays a \$100 benefit when you have a dental exam, vision exam or skin exam. This benefit is limited to one per covered person per calendar year but no family maximum. **Visit www.metlife.com/mybenefits or call 1-866-626-3705 to file your claims.**

Accidental Benefits Include but are not limited to:

Hospitalization: \$1,000
 X-Ray: \$100
 Surgery: up to \$2,000
 Ambulance: up to \$600
 CT Scan: \$100

Dislocation/Fracture: up to \$4,000
 Intensive Care: \$200/day
 Physical Therapy: \$60/day
 Physician Treatment: \$75
 MRI: \$100

Emergency Room: up to \$150
 Laceration: \$100
 Hospital Confinement: \$200/day
 Burns: up to \$1,000
 Eye Injuries: \$200

****See brochure for complete list of accidental benefits****