

ACCIDENT

MetLife's Accident plan supplements existing medical coverage and helps provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose

Accidental Death: Providing the following coverage upon accidental death:

	Low Plan	High Plan
Employee	\$25,000	\$50,000
Spouse	\$12,500	\$25,000
Child	\$ 5,000	\$10,000

Accidental Dismemberment / Functional Loss / Paralysis: Provides coverage for Dismemberment, Functional Loss, or Paralysis of Various Body Parts.

Accidental Injury: Provides coverage for Open & Closed Fractures, Open & Closed Dislocations, Burns, Concussion, Coma, Lacerations, Broken Teeth & Eye Injuries.

Medical Treatment & Services: Provides coverage for Ground & Air Ambulance, ER, Urgent Care, Office Visits, Assorted Therapy Visits, Assorted Medical Equipment, Blood & Assorted Surgeries.

Hospital: Provides coverage for Admission, Confinement, ICU & Inpatient Rehabilitation.

Other: Provides coverage for Lodging, Organized Sports Activity Injuries & Health Screening.

Monthly Rates:

	Low Plan	High Plan
Employee Only	\$10.23	\$16.11
Employee & Spouse	\$20.29	\$31.88
Employee & Child(ren)	\$24.36	\$38.12
Employee, Spouse & Child(ren)	\$28.80	\$45.16



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OPEH&W Health Plan
Making Healthy Cheaper

Basic Dismemberment/Functional Loss

Loss of One Finger or One Toe

	Low Plan	High Plan
Employee	\$ 750	\$ 1,000
Spouse	\$ 750	\$ 1,000
Child	\$ 750	\$ 1,000

Loss of One Arm or One Leg

Employee	\$10,000	\$15,000
Spouse	\$10,000	\$15,000
Child	\$10,000	\$15,000

Loss of One Hand or One Foot

Employee	\$10,000	\$15,000
Spouse	\$10,000	\$15,000
Child	\$10,000	\$15,000

Loss of Two or More Fingers or Toes

Employee	\$ 1,500	\$ 2,000
Spouse	\$ 1,500	\$ 2,000
Child	\$ 1,500	\$ 2,000

Loss of Sight in One Eye

Employee	\$10,000	\$15,000
Spouse	\$10,000	\$15,000
Child	\$10,000	\$15,000

Loss of Hearing in One Ear

Employee	\$10,000	\$15,000
Spouse	\$10,000	\$15,000
Child	\$10,000	\$15,000

Catastrophic Dismemberment/Functional Loss

Loss of Both Arms or Both Legs, or One Arm and One Leg

	Low Plan	High Plan
Employee	\$20,000	\$40,000
Spouse	\$20,000	\$40,000
Child	\$20,000	\$40,000

Loss of Both Hands or Both Feet, or One Hand and One Foot

Employee	\$20,000	\$40,000
Spouse	\$20,000	\$40,000
Child	\$20,000	\$40,000

Loss of Sight in Both Eyes

Employee	\$20,000	\$40,000
Spouse	\$20,000	\$40,000
Child	\$20,000	\$40,000

Loss of Hearing in Both Ears

Employee	\$20,000	\$40,000
Spouse	\$20,000	\$40,000
Child	\$20,000	\$40,000

Loss of Ability to Speak

Employee	\$20,000	\$40,000
Spouse	\$20,000	\$40,000
Child	\$20,000	\$40,000

Paralysis

Two Limbs (Paraplegia or Hemiplegia)

	Low Plan	High Plan
Employee	\$10,000	\$20,000
Spouse	\$10,000	\$20,000
Child	\$10,000	\$20,000

Four Limbs (Quadriplegia)

Employee	\$20,000	\$40,000
Spouse	\$20,000	\$40,000
Child	\$20,000	\$40,000

Health Screening Benefit

\$50 Payable if an eligible covered person takes one of the screening/prevention measures listed below.

1 time per Calendar Year per Covered Person.

Eligible Screening / Prevention Measures:

- › Routine Health Check-Up Exam
- › Biopsies For Cancer
- › Blood Chemistry Panel
- › Blood Test to Determine Total Cholesterol
- › Blood Test to Determine Triglycerides
- › Bone Marrow Testing
- › Breast MRI
- › Breast Ultrasound
- › Breast Sonogram
- › Cancer Antigen 15-3 Blood Test for Breast Cancer (CA 15-3)
- › Cancer Antigen 125 Blood Test for Ovarian Cancer (CA 125)
- › Carcinoembryonic Antigen Blood Test For Colon Cancer (CEA)
- › Carotid Doppler
- › Chest X-Rays
- › Clinical Testicular Exam
- › Colonoscopy
- › Complete Blood Count (CBC)
- › Coronavirus Testing
- › Dental Exam
- › Digital Rectal Exam (DRE)
- › Doppler Screening for Cancer
- › Doppler Screening for Peripheral Vascular Disease
- › Echocardiogram
- › Electrocardiogram (EKG)
- › Electroencephalogram (EEG)
- › Endoscopy
- › Eye Exams
- › Fasting Blood Glucose Test
- › Fasting Plasma Glucose Test
- › Flexible Sigmoidoscopy
- › Hearing Test
- › Hemocult Stool Specimen
- › Hemoglobin A1c
- › Human Papillomavirus (HPV) Vaccination
- › Immunization
- › Lipid Panel
- › Mammogram
- › Oral Cancer Screening
- › PAP Smears or Thin Prep PAP Test
- › Prostate-Specific Antigen (PSA) Test
- › Serum Cholesterol Test to Determine LDL & HDL Levels
- › Serum Protein Electrophoresis
- › Skin Cancer Biopsy
- › Skin Cancer Screening
- › Skin Exam
- › Stress Test on Bicycle or Treadmill
- › Successful Completion of Smoking Cessation Program
- › Tests for Sexually Transmitted Infections (STI's)
- › Thermography
- › Two-Hour Post-Load Plasma Glucose Test
- › Ultrasounds for Cancer Detection
- › Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms
- › Virtual Colonoscopy

Fracture (Closed)

If more than one bone is fractured, the amount paid for all fractures combined will be no more than 2 times the highest Fracture Benefit.

	Low Plan	High Plan
Face or Nose (Except Mandible or Maxilla)	\$1,000	\$2,000
Skull Fracture - Depressed (Except Bones of Face or Nose)	\$4,000	\$5,000
Skull Fracture - Non-Depressed (Except Bones of Face or Nose)	\$2,000	\$2,500
Lower Jaw Mandible (Except Alveolar Process)	\$ 750	\$1,000
Upper Jaw Maxilla (Except Alveolar Process)	\$1,000	\$2,000
Upper Arm between Elbow & Shoulder (Humerus)	\$1,000	\$2,000
Shoulder Blade (Scapula), Collarbone (Clavicle, Sternum)	\$ 750	\$1,000
Forearm (Radius and/or Ulna), Hand, Wrist (Except Fingers)	\$ 750	\$1,000
Rib	\$ 750	\$1,000
Finger or Toe	\$ 100	\$ 200
Vertebrae, Body of (Excluding Vertebral Processes)	\$1,500	\$2,000
Vertebral Processes	\$ 500	\$ 750
Pelvis (Includes Ilium, Ischium, Pubis, Acetabulum Except Coccyx)	\$1,500	\$2,000
Hip, Thigh (Femur)	\$4,000	\$5,000
Coccyx	\$ 500	\$ 750
Leg (Tibia and/or Fibula)	\$1,500	\$2,000
Kneecap (Patella)	\$ 500	\$ 750
Ankle	\$ 500	\$ 750
Chip Fracture	25%	25%

Fracture (Open)

If more than one bone is fractured, the amount paid for all fractures combined will be no more than 2 times the highest Fracture Benefit.

	Low Plan	High Plan
Face or Nose (Except Mandible or Maxilla)	\$2,000	\$ 4,000
Skull Fracture - Depressed (Except Bones of Face or Nose)	\$8,000	\$10,000
Skull Fracture - Non-Depressed (Except Bones of Face or Nose)	\$4,000	\$ 5,000
Lower Jaw Mandible (Except Alveolar Process)	\$1,500	\$ 2,000
Upper Jaw Maxilla (Except Alveolar Process)	\$2,000	\$ 4,000
Upper Arm between Elbow & Shoulder (Humerus)	\$2,000	\$ 4,000
Shoulder Blade (Scapula), Collarbone (Clavicle, Sternum)	\$1,500	\$ 2,000
Forearm (Radius and/or Ulna), Hand, Wrist (Except Fingers)	\$1,500	\$ 2,000
Rib	\$1,500	\$ 2,000
Finger or Toe	\$ 200	\$ 400
Vertebrae, Body of (Excluding Vertebral Processes)	\$3,000	\$ 4,000
Vertebral Processes	\$1,000	\$ 1,500
Pelvis (Includes Ilium, Ischium, Pubis, Acetabulum Except Coccyx)	\$3,000	\$ 4,000
Hip, Thigh (Femur)	\$8,000	\$10,000
Coccyx	\$1,000	\$ 1,500
Leg (Tibia and/or Fibula)	\$3,000	\$ 4,000
Kneecap (Patella)	\$1,000	\$ 1,500
Ankle	\$1,000	\$ 1,500
Chip Fracture	25%	25%

Burns

1 time per accident; Unlimited times per calendar year

	Low Plan	High Plan
2nd Degree Less Than 10% of Surface Skin Burnt	\$ 75	\$ 100
2nd Degree 10-25% of Surface Skin Burnt	\$ 150	\$ 200
2nd Degree 25-35% of Surface Skin Burnt	\$ 500	\$ 750
2nd Degree 35% or More of Surface Skin Burnt	\$ 1,000	\$ 1,500
3rd Degree Less Than 10% of Surface Skin Burnt	\$ 1,000	\$ 1,500
3rd Degree 10-25% of Surface Skin Burnt	\$ 1,500	\$ 2,000
3rd Degree 25-35% of Surface Skin Burnt	\$ 5,000	\$ 7,500
3rd Degree 35% or More of Surface Skin Burnt	\$10,000	\$15,000

Dislocation (Closed)

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.

	Low Plan	High Plan
Lower Jaw	\$ 750	\$1,000
Collarbone (Sternoclavicular)	\$1,000	\$1,500
Collarbone (Acromioclavicular & Separation)	\$ 750	\$1,000
Shoulder (Glenohumeral)	\$ 750	\$1,000
Rib	\$ 750	\$1,000
Elbow	\$ 750	\$1,000
Wrist	\$ 750	\$1,000
Bone or Bones of the Hand (Other Than Fingers)	\$ 750	\$1,000
Hip	\$4,000	\$5,000
Knee (Except Patella)	\$2,000	\$2,500
Ankle - Bone or Bones of the Foot (Other Than Toes)	\$ 750	\$1,000
One Toe or Finger	25%	25%

Dislocation (Open)

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.

	Low Plan	High Plan
Lower Jaw	\$1,500	\$ 2,000
Collarbone (Sternoclavicular)	\$2,000	\$ 3,000
Collarbone (Acromioclavicular & Separation)	\$1,500	\$ 2,000
Shoulder (Glenohumeral)	\$1,500	\$ 2,000
Rib	\$1,500	\$ 2,000
Elbow	\$1,500	\$ 2,000
Wrist	\$1,500	\$ 2,000
Bone or Bones of the Hand (Other Than Fingers)	\$1,500	\$ 2,000
Hip	\$8,000	\$10,000
Knee (Except Patella)	\$4,000	\$ 5,000
Ankle - Bone or Bones of the Foot (Other Than Toes)	\$1,500	\$ 2,000
One Toe or Finger	\$ 200	\$ 400
Partial Dislocation	25%	25%

Concussion

1 time per calendar year

	Low Plan	High Plan
	\$ 250	\$ 500

Coma

1 time per accident; Unlimited times per calendar year

	Low Plan	High Plan
	\$7,500	\$10,000

Lacerations

1 time per accident; 3 time(s) per calendar year

	Low Plan	High Plan
Without Repair by Stitches	\$ 50	\$ 75
Repair by Stitches But Less Than 2 Inches Long	\$ 75	\$ 125
Repair by Stitches & 2-6 Inches Long	\$ 400	\$ 700

Broken Teeth

1 time per accident; Unlimited times per calendar year (applies to all procedures)

	Low Plan	High Plan
Crown	\$ 200	\$ 300
Extraction	\$ 100	\$ 150
Filling	\$ 25	\$ 50
Crown	\$ 300	\$ 400

Medical Treatment & Services Benefits

	Low Plan	High Plan
Ground Ambulance 1 time per accident; Unlimited times per calendar year	\$ 300	\$ 400
Air Ambulance 1 time per accident; Unlimited times per calendar year	\$1,000	\$1,250
Emergency Room 1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$ 150	\$ 200
Physician's Office 1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$ 75	\$ 100
Urgent Care 1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$ 75	\$ 100
Non-Emergency Initial Care 1 time per accident (combined with Emergency Care Benefit)	\$ 75	\$ 100
Medical Testing (X-Rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG) 2 times per accident; Unlimited times per calendar year	\$ 150	\$ 200
Physician Follow-Up Visit 2 times per accident; 6 time(s) per calendar year	\$ 75	\$ 100
Transportation 1 time per accident; 2 times per calendar year	\$ 300	\$ 400
Acupuncture 10 time(s) per accident; Unlimited times per calendar year	\$ 35	\$ 50
Chiropractic Therapy 10 time(s) per accident; Unlimited times per calendar year	\$ 35	\$ 50
Cognitive Behavioral Therapy 10 time(s) per accident; Unlimited times per calendar year	\$ 35	\$ 50
Occupational Therapy 10 time(s) per accident; Unlimited times per calendar year	\$ 35	\$ 50
Physical Therapy 10 time(s) per accident; Unlimited times per calendar year	\$ 35	\$ 50
Respiratory Therapy 10 time(s) per accident; Unlimited times per calendar year	\$ 35	\$ 50
Speech Therapy 10 time(s) per accident; Unlimited times per calendar year	\$ 35	\$ 50
Vocational Therapy 10 time(s) per accident; Unlimited times per calendar year	\$ 35	\$ 50
Pain Management (for Epidural Anesthesia) 1 time per accident; Unlimited times per calendar year	\$ 75	\$ 100
Prosthetic - One Device Only 10 time(s) per accident; Unlimited times per calendar year	\$ 750	\$1,000
Prosthetic - More Than One Device 10 time(s) per accident; Unlimited times per calendar year	\$1,500	\$2,000
Brace	\$ 75	\$ 150
Cane	\$ 75	\$ 150
Crutches	\$ 75	\$ 150
Walker (Expected Use Less Than 1 Year)	\$ 150	\$ 200
Walker (Expected Use Greater Than 1 Year)	\$ 300	\$ 400
Walking Boot	\$ 75	\$ 150
Wheelchair or Motorized Scooter (Expected Use Less Than 1 Year)	\$ 200	\$ 300
Wheelchair or Motorized Scooter (Expected Use Greater Than 1 Year)	\$ 750	\$1,000
Other Medical Device Used for Mobility	\$ 75	\$ 100
Medical Appliance Benefit Limit (for All Appliances Combined per Accident)	\$ 750	\$1,000
Modification 1 time per accident; Unlimited times per calendar year	\$1,000	\$1,500

Medical Treatment & Services Benefits Continued...

	Low Plan	High Plan
Blood/Plasma/Platelets 1 time per accident; Unlimited times per calendar year	\$ 400	\$ 500
Surgical Repair - Cranial 1 time per accident; Unlimited times per calendar year	\$ 1,500	\$ 2,000
Surgical Repair - Hernia 1 time per accident; Unlimited times per calendar year	\$ 150	\$ 200
Surgical Repair - Ruptured Disc 1 time per accident; Unlimited times per calendar year	\$ 750	\$ 1,500
Surgical Repair - Skin Graft (% of Burn Benefit) 1 time per accident; Unlimited times per calendar year	50%	50%
Surgical Repair - Torn Cartilage in Knee 1 time per accident; Unlimited times per calendar year	\$ 750	\$ 1,000
Surgical Repair - Torn Tendon/Ligament/Rotator Cuff - One 1 time per accident; Unlimited times per calendar year	\$ 750	\$ 1,000
Surgical Repair - Torn Tendon/Ligament/Rotator Cuff - Two or More 1 time per accident; Unlimited times per calendar year	\$ 1,500	\$ 2,000
Surgical Repair - Thoracic Cavity or Abdominal Pelvic Cavity 1 time per accident; Unlimited times per calendar year	\$ 1,500	\$ 2,000
Exploratory Surgery (for any Surgery Benefit Procedure) 1 time per accident; Unlimited times per calendar year	\$ 150	\$ 200
Other Outpatient Surgery Benefit 1 time per accident; Unlimited times per calendar year	\$ 300	\$ 400

Hospital Benefits

	Low Plan	High Plan
Hospital Admission 1 Time Per Accident; Unlimited Times Per Calendar Year	\$ 1,000	\$ 1,500
Hospital ICU Supplemental Confinement (Paid in Addition to Admission) 1 Time Per Accident; Unlimited Times Per Calendar Year	\$ 1,000	\$ 1,500
Hospital Confinement 15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$ 200	\$ 300
ICU Supplemental Confinement (Paid in Addition to Confinement) 15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$ 200	\$ 300
Inpatient Rehabilitation 15 days per accident; 30 days per calendar year.	\$ 150	\$ 200

Organized Sports Activity Injury Benefit

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident - Medical Treatment and Services, Hospital benefits.

Lodging Benefit

	Low Plan	High Plan
15 Day(s) per Calendar Year	\$ 100	\$ 200