



# Group Accident Insurance

Underwritten by MetLife

## ► Plan Features

- On and off the job benefits
- Pays regardless of other coverage
- Portable (take it with You)

### Benefits For:

- Accident Medical Expense Benefit
- Accident Hospital Indemnity
- Dislocations and Fractures
- Accidental Death and Dismemberment

	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
<b>Accident Medical Expense Benefit</b> We will pay the Actual Charges incurred up to \$250 per unit if, as a result of Injury, a Covered Person requires medical or surgical treatment.	\$250	\$500	\$750
<b>Accident Hospital Indemnity Benefit</b> We will pay for each day a Covered Person is Confined during one or more periods of Hospital Confinement if: a) the Confinement is due to Injury; or b) the first day of Confinement occurs within 90 days after the accident.	\$100	\$200	\$300
<b>Ambulance Service Benefit</b> We will pay for regular ambulance service and for air Ambulance if as a result of an injury, a Covered Person requires ambulance service for transfer; a) to a Hospital; or b) from a Hospital.	Regular Ambulance / Air Ambulance \$100 / \$200	\$200/\$400	\$300/\$600

## Dislocation and Fracture Benefit

We will pay the following amount shown based on Your selection of coverage:

For Fracture of Bone or Bones of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units	For Complete Dislocation of:	Bronze 1 Unit	Silver 2 Units	Gold 3 Units
Skull (except Bones of Face or Nose)	\$1,900	\$3,800	\$5,700	Hip Joint	\$2,000	\$4,000	\$6,000
Hip, Thigh (Femur)	\$2,000	\$4,000	\$6,000	Knee Joint (Except Patella)	\$ 800	\$1,600	\$2,400
Pelvis (Except Coccyx)	\$2,000	\$4,000	\$6,000	Bone or Bones of the Foot, Other than Toes	\$ 800	\$1,600	\$2,400
Arm, Between Shoulder and Elbow (Shaft)	\$1,100	\$2,200	\$3,300	Ankle Joint	\$ 800	\$1,600	\$2,400
Shoulder Blade (Scapula)	\$1,100	\$2,200	\$3,300	Wrist Joint	\$ 700	\$1,400	\$2,100
Leg (Tibia or Fibula)	\$1,100	\$2,200	\$3,300	Elbow Joint	\$ 600	\$1,200	\$1,800
Ankle	\$ 800	\$1,600	\$2,400	Shoulder Joint	\$ 400	\$ 800	\$1,200
Knee Cap (Patella)	\$ 800	\$1,600	\$2,400	Bone or Bones of the Hand, Other than Fingers	\$ 300	\$ 600	\$ 900
Collar Bone (Clavicle)	\$ 800	\$1,600	\$2,400	Collar Bone	\$ 300	\$ 600	\$ 900
Forearm (Radius or Ulna)	\$ 800	\$1,600	\$2,400	Two or More Fingers	\$ 140	\$ 280	\$ 420
Foot (Except Toes)	\$ 700	\$1,400	\$2,100	Two or More Toes	\$ 140	\$ 280	\$ 420
Hand or Wrist (Except Fingers)	\$ 700	\$1,400	\$2,100	One Finger or One Toe	\$ 60	\$ 120	\$ 180
Lower Jaw (Except Alveolar Process)	\$ 400	\$ 800	\$1,200				
Two or More Ribs, Fingers or Toes	\$ 300	\$ 600	\$ 900				
Bones of Face or Nose	\$ 300	\$ 600	\$ 900				
One Rib, Finger or Toe	\$ 140	\$ 280	\$ 420				
Coccyx	\$ 140	\$ 280	\$ 420				

Primary Insured Coverage 100%/Spouse Coverage 50%/ Child Coverage 25%



**BAY BRIDGE  
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## Accidental Death and Dismemberment Benefit

We will pay the following amount shown based on Your selection of coverage:

For Loss of:	<b>Bronze 1 Unit</b>	<b>Silver 2 Units</b>	<b>Gold 3 Units</b>		<b>Bronze 1 Unit</b>	<b>Silver 2 Units</b>	<b>Gold 3 Units</b>
Life	\$20,000	\$40,000	\$60,000	One Hand or One Arm	\$10,000	\$20,000	\$30,000
Both Hands or Both Feet or Sight of Both Eyes	\$20,000	\$40,000	\$60,000	One Foot or One Leg	\$10,000	\$20,000	\$30,000
Both Arms or Both Legs	\$20,000	\$40,000	\$60,000	One or More Entire Toes	\$ 1,000	\$ 2,000	\$ 3,000
One Hand or Arm and One Foot or Leg	\$20,000	\$40,000	\$60,000	One or More Entire Fingers	\$ 800	\$ 1,600	\$ 2,400
Sight of One Eye	\$10,000	\$20,000	\$30,000				

Primary Insured Coverage 100%/Spouse Coverage 50%/ Child Coverage 25%

**Loss** means with regard to:

a) hands and feet--actual severance through or above wrist or ankle joints; b) sight, entire and irrecoverable loss thereof; c) toes and fingers--actual severance through or above the metacarpophalangeal joints. If loss is sustained by a Covered Person while riding as a fare-paying passenger on a scheduled Common Carrier, We will pay three times the amount payable under the Accidental Death and Dismemberment Benefit.

### Exclusions and Limitations

No Benefits are payable when a Covered Person's loss is caused or contributed to by:

- suicide, while sane or insane, or attempted suicide;
- intentionally self-inflicted Injury;
- any act of war whether or not declared;
- participation in a riot, or insurrection;
- Injury sustained while on full-time active duty (other than for two (2) months or less training) in any military, naval or air force. When the Employee gives Us written notice, any unearned Premium will be refunded pro-rata for any period not covered by the Policy due to this exclusion;
- Injury occurring prior to the Employee's start date of insurance;
- Injury while engaged in an illegal activity;
- aviation, except flight in a regularly scheduled passenger aircraft;
- being intoxicated as established by the laws of his or her state of residence;
- the voluntary taking of any sedative, drug, alcohol, poison or inhalation of any gas unless taken as prescribed or administered by a physician;
- participation in a felony;
- dental care or treatment unless caused by Injury to natural teeth;
- all Sicknesses including pregnancy, illness, mental illness or emotional disorders, bodily infirmity, rest cure, convalescent care or rehabilitation. Complications of Pregnancy that are the result of accidental Injury are covered;
- Injury while sky diving, hang gliding, parachuting, bungee jumping, rock climbing, ballooning or scuba diving;
- driving in any race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
- services received in an emergency room, unless required because of emergency treatment;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- hernia, carpal tunnel syndrome or any complication therefrom;
- any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

No Benefits of the Policy will be paid for loss that takes place outside of the United States.

### Pre-Existing Condition Limitation

**Pre-existing Condition** means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 12 months before the Covered Person's Effective Date. It is also one which would cause a person to seek diagnosis or care within the same 12-month period.

Losses that occur after the Pre-existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes a Covered Person under the Policy unless the Injury has been specifically excluded by name or description within the Policy or Rider.

### Covered Persons

**Covered Person** means: a) You; and b) each person named as Your Dependent in the Enrollment Form

**Child (Children)** means a person who is primarily dependent upon and living with the Insured in a permanent parent-child relationship and a:

- natural or adopted child of the Insured or Spouse;
- Child placed with the Insured or Spouse for adoption;
- Child legally placed with the Insured or Spouse as a foster Child; or
- stepchild of the Insured.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States (unless living with an Insured); or
- Child on active military duty for a period in excess of 30 days.

### Termination of Coverage

**A Covered Person's insurance** under the Group Policy will automatically terminate on the earliest of the following dates:

- (a) the date that the Group Policy terminates.
- (b) the date the Group Policy is amended to terminate the eligibility of the Employee class.
- (c) the last day of the grace period, if premium remains unpaid by the end of the grace period.
- (d) the premium due date coinciding with or next following the date the Employee ceases to be a member of an eligible class;
- (e) the date of death of the Employee
- (f) the date of attainment of the Group Policy Age Limit as shown in the Schedule of Benefits

**Dependent Termination:** A Dependent's coverage will end:

- (a) with respect to a covered Spouse, on the date he or she is divorced from the Primary Covered Person;
- (b) on the date the primary Covered Person dies;
- (c) on the date the required premium for the Dependent's coverage is not paid;
- (d) with respect to a covered Dependent, first of the month following the date the Dependent is a member of an eligible Class; or
- (e) on the date the Primary Covered Person reaches the Policy Age Limit noted on the Insuring Information page.

## **Portability**

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

## **Additional Benefits Rider**

In consideration of an additional premium, We will pay the benefits listed below. Coverage for Primary Insured, Spouse and Child/Children based on Your selection of coverage.

### **Benefit Schedule** (Per Unit of Coverage)

#### **Abdominal or Thoracic Surgery Benefit**

We will pay \$1,000 if a Covered Person undergoes abdominal or thoracic surgery to repair internal injuries as a result of a covered Accident. The surgery must be performed within 3 days of the covered Accident. We will pay \$100 for exploratory surgery with no surgical repair done as a result of a covered Accident. Benefit is payable once per Covered Person per Covered Accident.

#### **Accident Follow Up Treatment Benefit**

We will pay \$50 per visit when a Covered Person receives a follow up treatment provided that a benefit has been paid under the Medical Expense Benefit and such benefit has been exhausted. Treatments must be administered by a Physician in the Physician's office or in a Hospital on an outpatient basis. Follow up treatments must begin within 90 days of the covered Accident and take place no longer than 6 months after the covered Accident. This Benefit is not payable at the same time a benefit is payable under the Physical Therapy Benefit. This benefit is limited to 2 treatments per covered Accident per Covered Person.

#### **Appliance Benefit**

We will pay \$125 for medical appliances prescribed by a Physician that aid in personal mobility including a wheelchair, crutches or a walker. Use of these devices must begin within 90 days of a covered Accident. Benefit is payable only once per Covered Person per covered Accident.

#### **Blood and Plasma Benefit**

We will pay \$300 for blood or plasma for a required transfusion due to or resulting from a covered Accident. The transfusion must be within 3 days of the covered Accident. Benefit is payable only once per Covered Person per Accident.

#### **Brain Injury Diagnosis Benefit**

We will pay \$150 for the first diagnosis of the following traumatic brain injuries: cerebral contusion; cerebral laceration; concussion; or intracranial hemorrhage resulting from a covered Accident. The Covered Person must be diagnosed within 3 days of a covered Accident; and diagnosis must be made by computed tomography (CT) scan, electroencephalogram (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) scan or X ray. The diagnosis must occur within 30 days of the Accident. This benefit is payable only once per Covered Person.

#### **Burn Benefit**

We will pay \$100 if burns cover 15% or less of the body surface and \$500 if burns cover more than 15% of the body surface for second or third degree burns resulting from a covered Accident other than a sun burn. Benefit is payable only once per Covered Person per covered Accident.

#### **Coma Benefit**

We will pay \$15,000 if a Covered Person is in a Coma as defined in this Rider which lasts 5 or more consecutive days as a result of a covered Accident. Benefit is payable only once per Covered Person per Covered Accident.

#### **Eye Injury Benefit**

We will pay \$100 for surgery on the eye or the removal of a foreign object from the eye resulting from a covered Accident. Surgery must be performed by a Physician and occur within 90 days of the Accident. An examination without anesthesia is not considered a surgery. Benefit is payable only once per Covered Person per covered Accident.

#### **Family Member Lodging Benefit**

We will pay \$100 per day for lodging of one adult member of a Covered Person's family when a Covered Person is confined in a Non Local Hospital or Specialty Free Standing Treatment Center undergoing treatment for a covered Accident. This benefit is payable only if the Non Local Transportation Benefit is payable under the covered Accident. This benefit will not be paid if the family member lives within 60 miles of the Hospital or treatment facility. This benefit is payable for 30 days for each covered Accident.

#### **Hospital Intensive Care Confinement Benefit**

We will pay \$400 per day that a Covered Person is confined to a Hospital Intensive Care Unit as the result of a covered Accident. Confinement must begin within 3 days after a covered Accident. For a partial day confinement, the daily benefit will be pro rated based on the number of hours confined divided by 24 hours. Benefit is payable for up to 60 days of continuous confinement in the Intensive Care Unit.

#### **Immediate Hospitalization Benefit**

We will pay \$1,000 upon the first confinement to a Hospital during a calendar year for a covered Accident providing that a benefit is payable under the Accident Hospital Indemnity Confinement Benefit of the policy. The Covered Person must be confined to the Hospital within 3 days of a covered Accident. Benefit is payable only once per Covered Person per Hospital confinement and only once per calendar year.

### **Laceration Benefit**

We will pay \$50 for lacerations or cuts treated by a Physician within 3 days of a covered Accident. Benefit is only payable once per Covered Person per calendar year.

### **Non Local Transportation Benefit**

We will pay \$300 towards transportation for Non Local treatment at a Hospital or Specialty Free Standing Treatment Center nearest the Covered Person's home for a covered Accident. Treatment must be prescribed by a Physician and the same treatment or care cannot be obtained locally. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. This benefit does not cover ground or air ambulance. Benefit is payable 3 times per covered Accident.

### **Paralysis Benefit**

We will pay \$10,000 for paraplegia and \$20,000 for quadriplegia if a Covered Person receives a spinal cord injury resulting in complete and permanent loss of use of two or more limbs as the result of an Accident. An attending Physician must confirm the paralysis within 3 days of the covered Accident and the paralysis must last for at least 90 consecutive days. Benefit is payable only once per Covered Person.

### **Physical Therapy Benefit**

We will pay \$30 per day a Covered Person receives physical therapy treatment as the result of an Injury due to a covered Accident. This benefit is only payable if a benefit has been paid under the Medical Expense Benefit of the Policy. This benefit is only payable for Injuries resulting from a covered Accident where physical therapy treatment begins within 90 days of the covered Accident. Treatments after 6 months of a covered Accident are not covered. This Rider is not payable at the same time a benefit is payable under the Accident Follow Up Treatment Benefit. We will pay for a maximum of 1 treatment per day with a maximum of 6 treatments per covered.

### **Prosthesis Benefit**

We will pay \$500 for 1 device and \$1,000 for 2 or more devices for a prosthetic hand, foot, or eye that is prescribed by a Physician. This benefit is payable only if a benefit is paid for the loss of hand, foot, or eye under the Accidental Dismemberment benefit of the Policy. The device or devices must be received within 180 days of a covered Accident. This benefit is payable only once per Covered Person per covered Accident.

### **Ruptured Disc Benefit**

We will pay \$500 for a ruptured disc of the spine. The ruptured disc must be diagnosed as a result of a covered Accident and surgically repaired by a Physician within 180 days of the date of the covered Accident. Benefit is payable once per Covered Person per Covered Accident.

### **Skin Graft Benefit**

We will pay 50% of the Burn Benefit under this Rider if a Covered Person receives a skin graft for a burn for which a benefit is paid under the Burn Benefit. The skin graft must be performed by a Physician to treat a covered burn within 90 days of a covered Accident. Benefit is payable only once per Covered Person per covered Accident.

### **Tendon, Ligament, Rotator Cuff or Knee Cartilage Benefit**

We will pay \$500 per Accident for an injured tendon, ligament, rotator cuff or knee cartilage. The injury site must be torn, ruptured, or severed and surgically repaired by a Physician within 180 days of a covered Accident. If exploratory surgery using arthroscopy is done and no surgical repair is done, we will pay \$150 for the exploratory surgery. This benefit is not paid if a benefit is paid under the Ruptured Disc Benefit. Benefit is payable once per Covered Person per Covered Accident.

### **GENERAL PROVISIONS**

Pre-existing Conditions: The benefits under this Rider are subject to the Pre-existing Condition Limitation of the Policy. All other general provisions of the Policy and Certificate remain the same. This Rider does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Optional Benefits can be added to your Bronze, Silver Or Gold Plan Option (Applicable to Insured Persons only--Not available to Dependents)

### **Wellness Benefit**

(Per Unit of Coverage)

In consideration of additional premium, We will pay \$25 (twenty-five dollars) per unit as shown on the Schedule of Benefits if You or any Covered Dependent undergoes routine examinations or other preventive testing during a Calendar year. Services covered are:

- annual physical examinations
- dental exams
- mammograms
- pap smears
- eye examinations
- immunizations
- flexible sigmoidoscopies
- prostate-specific antigen tests (PSAs)
- ultrasounds
- blood screenings

The Benefit is limited to 2 visits per calendar year per Covered Person; and a maximum of 4 visits per calendar year if the policy is in force as Dependent coverage. Services must be provided under the supervision of or recommended by a Physician, received while coverage is in force, and a charge must be incurred.

**Upon receipt of your policy, please review it and your application.  
If any information is incorrect, please contact:**

**Bay Bridge Administrators**

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