

Accident Insurance

Williams-Sonoma, Inc.

Coverage that helps pay for expenses that may not be covered under your medical plan.

Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan and the "High Plan) that provide payment in addition to any other insurance payment you may receive. Here are just some of the covered events/services.¹

Benefit Type	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Injuries		
Fractures ²	\$50 – \$4,000	\$100 – \$6,000
Dislocations ²	\$50 – \$4,000	\$100 – \$6,000
Second- and Third- Degree Burns	\$50 – \$5,000	\$100 – \$10,000
Concussions	\$200	\$400
Cuts/Lacerations	\$25 – \$200	\$50 – \$400
Eye Injuries	\$200	\$300
Medical Services & Treatment¹		
Ambulance	\$400 – \$1,000	\$500 – \$1,500
Emergency Care	\$75 – \$200	\$100 – \$400
Non-Emergency Care	\$75	\$100
Physician Follow-Up	\$75	\$100
Therapy Services (including physical therapy)	\$50	\$70
Medical Testing Benefit	\$200	\$400
Medical Appliances	\$50 – \$500	\$100 – \$1,000
Inpatient Surgery	\$100 – \$1,000	\$200 – \$2,000
Hospital³ Coverage (Accident)		
Admission	\$500 (non-Intensive Care Unit (ICU)) – \$1,000 (ICU) per accident	\$1,000 (non-ICU) – \$2,000 (ICU) per accident
Confinement	\$150 a day (non-ICU) — up to 31 days \$300 a day (ICU) — up to 31 days	\$300 a day (non-ICU) — up to 31 days \$600 a day (ICU) — up to 31 days
Inpatient Rehabilitation (paid per accident)	\$100 a day, up to 15 days	\$200 a day, up to 15 days
Accidental Death		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$25,000 \$75,000 for common carrier ⁵	\$50,000 \$150,000 for common carrier ⁵
Dismemberment, Loss & Paralysis		
Dismemberment, Loss & Paralysis	\$250 – \$10,000 per injury	\$500 - \$50,000 per injury
Other Benefits		
Lodging ⁶ — Pays for lodging for companion — up to 31 nights per calendar year	\$100 per night — up to 31 nights	\$200 per night — up to 31 nights
Health Screening Benefit (Wellness) ⁷ benefit provided if the covered insured takes one of the covered screening/prevention tests	\$50 Payable 1x per calendar year	\$50 Payable 1x per calendar year

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Benefit Payment Example

My child plays soccer on the varsity high school team. During a recent game, my child collided with an opposing player, and 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. The doctor ordered a Computed Tomography scan to check for facial fractures too. My child was released to our primary care physician for two follow-up treatments, and our dentist repaired the broken tooth with a crown. Depending on my health insurance, my 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 ¹	Benefit Amount
Ambulance (ground)	\$500
Emergency Care	\$100
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$400
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,800

Benefit amount is based on a sample MetLife plan design. Actual plan design and plan benefits may vary.⁸

Questions & Answers

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members!⁹ 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.¹⁰ 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 Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

² Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

³ 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.

⁵ Common Carrier refers to airplanes, trains, buses, trolleys, subways, and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

⁶ 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 insured's primary residence.

⁷ The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).]

⁸ This example is for illustrative purposes only. The MetLife Accident Insurance Policy and Certificate are the governing documents with respect to all matters of insurance. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

⁹ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

¹⁰ 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 AND HOSPITAL INDEMNITY INSURANCE POLICIES ARE LIMITED BENEFIT GROUP INSURANCE POLICIES. The policies are 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 policies or their provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits, if applicable. MetLife's Accident and Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may 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, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval. 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.