

# Minnesota Medical Association

## Plan Summary and Cost of Coverage

Accidental death and dismemberment (AD&D) insurance is designed to provide you financial protection in the event of a significant injury or death due to an accident.

### Eligibility

As a Minnesota Medical Association member, <sup>1</sup> you are eligible to apply for coverage if you are under the age of 65.

### Maximum benefit amount for voluntary AD&D

|                       | Maximum Benefit        | Minimum Benefit        |
|-----------------------|------------------------|------------------------|
| For You / Member Only | \$500,000 <sup>3</sup> | \$250,000 <sup>3</sup> |

The amount of insurance applicable to family members / Family coverage is expressed as a percentage of the amount you (the member) selects:

- Spouse/domestic partner and eligible child or children<sup>2</sup> — Spouse/domestic partner: 40% of your amount<sup>3</sup>; Each child: 10% of your amount<sup>3</sup>
- Spouse/domestic partner and no eligible dependent child or children<sup>2</sup> — Spouse/domestic partner: 50% of your amount<sup>3</sup>
- No spouse/domestic partner but dependent children<sup>2</sup> — Each child: 15% of your amount<sup>3</sup>

If your spouse/domestic partner is age 65 or older on his or her effective date of insurance, accidental death and dismemberment insurance is not available. If your spouse/domestic partner is under age 65 on the effective date of his or her insurance, the spouse/domestic partner's accidental death and dismemberment insurance will end on the date on which the spouse/domestic partner attains age 75.

### Schedule of covered losses

All amounts listed are stated as percentages of the full amount.

| Covered Loss                            | Benefit Amount |
|-----------------------------------------|----------------|
| Life                                    | 100%           |
| Hand                                    | 50%            |
| Foot                                    | 50%            |
| Arm                                     | 75%            |
| Leg                                     | 75%            |
| Sight of one eye                        | 50%            |
| Combination of a hand, foot and/or eye  | 100%           |
| Thumb and index finger on the same hand | 25%            |

|                                                         |                                |
|---------------------------------------------------------|--------------------------------|
| Speech and hearing                                      | 100%                           |
| Speech                                                  | 50%                            |
| Hearing                                                 | 50%                            |
| Paralysis of both arms and both legs                    | 100%                           |
| Paralysis of both legs                                  | 50%                            |
| Paralysis of the arm and leg on either side of the body | 50%                            |
| Paralysis of one arm or leg                             | 25%                            |
| Brain damage                                            | 100%                           |
| Coma                                                    | 1% monthly for up to 60 months |

Maximum amount payable for all covered losses sustained in one accident is capped at 100% of the full amount.

### Additional plan benefits

| Covered Loss                                             | Benefit Amount      |
|----------------------------------------------------------|---------------------|
| Air bag(s) are in use                                    | 5% up to \$10,000   |
| Seat belt(s) are in use                                  | 10% up to \$25,000  |
| Traveling on a common carrier (i.e., commercial airline) | 100% of full amount |

| Covered Loss                      | Benefit Amount                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child care center                 | \$5,000 per year for 4 years up to 12% of full amount                                                                                                                                                                                                                                                                                                                               |
| Child education                   | \$10,000 per year for 4 years up to 20% of full amount                                                                                                                                                                                                                                                                                                                              |
| Hospital confinement              | 1% of full amount up to \$2,500 per month for up to 12 months                                                                                                                                                                                                                                                                                                                       |
| Spouse/domestic partner education | \$5,000 per year for 1 year up to 5% of full amount                                                                                                                                                                                                                                                                                                                                 |
| Common disaster                   | If you and your spouse/domestic partner are injured in the same accident and die within 365 days as a result of injuries in such accident, the full amount that will be paid for your spouse's/domestic partner's loss of life will be increased to equal the full amount payable for your loss of life. Increase spouse/domestic partner full amount to equal member's full amount |

## Rates at a glance

### Voluntary Accidental Death and Dismemberment Insurance Semi-annual Rates

|                 | Coverage Amount |           |
|-----------------|-----------------|-----------|
|                 | \$250,000       | \$500,000 |
| Member          | \$81.00         | \$162.00  |
| Member + Family | \$112.50        | \$225.00  |

Rates are subject to change. Rates shown are the semi-annual premiums. Please contact the plan administrator Benafica at 1-651-369-5031 for a full list of rates and benefit amounts. Coverage can be continued up to the age of 75.

## Learn More

### Is a medical exam required?

No. Your acceptance is **guaranteed!**<sup>5</sup> There is no medical exam and no medical questions; you may apply quickly and easily.

### How long can my coverage continue?

Your coverage can continue as long as you pay your premium when due, remain a member, have not reached age 75, remain in an eligible class, the insurance continues for your class, and the policy remains in force. Please see the certificate of insurance for details.

### Are there any exclusions to my coverage?

Yes. This policy will not pay benefits for any loss caused by:

- physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
- infection, other than infection occurring in an external accidental wound or from food poisoning;
- suicide or attempted suicide In Missouri, such exclusion only applies while the person is sane;
- intentionally self-inflicted injury;
- service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;
- injuries received while traveling by air (except as specifically provided) / any incident related to:
  - travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
  - travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
  - parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self-preservation;
  - travel in an aircraft or device used:
    - for testing or experimental purposes;
    - by or for any military authority; or
    - for travel or designed for travel beyond the earth's atmosphere;
- committing or attempting to commit a felony;

- the voluntary intake or use by any means of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a Physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- war, whether declared or undeclared; or
- act of war, insurrection, rebellion or active participation in a riot.

### Is there an exclusion for intoxication?

Yes. This policy will not pay benefits for any loss if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident. Intoxicated means that the injured person's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

### How do I pay for my coverage?

You can pay semi-annual or annually by check or EFT (electronic fund transfer). Please contact the plan administrator Benafica at 1-651-369-5031 or [affinity@benafica.com](mailto:affinity@benafica.com) for information about your payment options.

1. You must be a member in good standing of the Minnesota Medical Association to qualify for this insurance plan.
2. Refers to your dependent children through age 19, age 30 if a full-time student.
3. Coverage reduces at age 65 to 75% of the face value amount, at age 70 to 50% of the face value amount before terminating at age 75.
5. You must be able to perform normal activities for coverage to become effective.

Coverage may not be available in all states. Please contact the plan administrator Benafica at 1-651-369-5031 for more information.

Rates may be changed on the entire group plan or on a class basis and on any premium due date on which benefits are changed. A class is a group of people defined in the group policy/exhibits. Benefits are subject to change upon agreement between Metropolitan Life Insurance Company and the participating organization.

The association and/or the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association and/or the plan administrator for these and/or other costs.

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact your plan administrator Benafica at 1-651-369-5031 or [affinity@benafica.com](mailto:affinity@benafica.com) for costs and complete details.

AD&D insurance is issued by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166 under Policy Form #GPNP15-2T.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166  
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MINNESOTA  
MEDICAL  
ASSOCIATION

Navigating life together