

**HSTA VOLUNTARY EMPLOYEES
BENEFICIARY ASSOCIATION TRUST**
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March 2023

TO: All Participants

RE: SUMMARY OF MATERIAL MODIFICATIONS
METROPOLITAN LIFE ACCIDENT INSURANCE

This notice is a Summary of Material Modifications describing important changes to the HSTA Voluntary Employees Beneficiary Association Trust Voluntary Benefits coverage and amends the Plan booklet dated May 2019 previously distributed to you. **Please read this notice carefully as it may impact your current benefit coverage.** Please keep this notice with your Plan booklet for future reference.

Effective May 1, 2022, the group Accident Insurance policy offered through UNUM Life Insurance Company of America terminated and is replaced by Accident Insurance offered through Metropolitan Life Insurance Company.

All Active and Associate HSTA Members and regularly scheduled employees of the Hawaii State Teachers Association working at least 17.5 hours per week and eligible dependents may apply for coverage under the MetLife Accident Insurance Plan.

A summary description of the benefit options, schedule of insurance, general exclusions and limitations, claims filing and appeals procedures, benefit payments, when insurance ends and how to continue your insurance under the MetLife plan is provided on the following pages. The MetLife plan summary replaces the UNUM plan summary found on pages 31-37 of the Plan booklet dated May 2019.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep this important notice with your Plan booklet for easy reference to all Plan provisions.

This Summary of Material Modifications does not replace or supersede the plan documents (e.g., insurance contract, policy, or certificate) that govern eligibility or benefits under the Accident Insurance Plan. In the case of any conflict or inconsistency between this summary and the plan documents, the plan documents will govern.

METROPOLITAN LIFE INSURANCE COMPANY

Accident Insurance

Accident Insurance will pay lump-sum benefits for covered injuries and expenses, including emergency room care and related surgery resulting from a covered accident. This benefit can help offset your out-of-pocket expenses that medical insurance does not pay, including deductibles and co-pays.

WHO IS ELIGIBLE?

All Active and Associate HSTA Members and regularly scheduled employees of the Hawaii State Teachers Association working at least 17.5 hours per week are eligible to apply for coverage under the Accident Insurance Plan.

DEPENDENT COVERAGE

When you apply for insurance for yourself, you may also apply for coverage for your dependents. Eligible dependents include your legal spouse and unmarried children under 19 years of age.

The term "children" includes a natural child, an adopted child, a stepchild, or a foster child who is dependent upon you for financial support. Dependent children who are full-time students at an accredited school, college, or university will continue to be eligible for dependent coverage from 19 years of age through 22 years of age. In order for your dependent child to be covered as a full-time student, you must certify annually, and as requested by the Trust Office, that he or she is a full-time student at an accredited school, college, or university by completing the Student Certification form issued to you by the Trust Office. **Failure to submit the required certification will result in cancellation of the child's coverage.** You are also responsible for promptly notifying the Trust Office, in writing, of any change in your dependent's eligibility status outside the annual certification.

To add a new spouse or dependent child, you must submit an application for enrollment within 30 days of the date of marriage, birth, adoption, or legal guardianship. If you do not submit an enrollment application within this 30-day period, you must wait until the next open enrollment period to add your new dependent.

If your spouse is also an eligible participant, he or she cannot be covered as a "Spouse" but must apply for coverage as an individual member. If both you and your spouse are insured members, your children may be covered as dependents of either member, but not both.

CHANGES IN COVERAGE

Outside of your initial eligibility period, you can elect coverage and/or make a change in your benefit option only during the annual open enrollment period. You can cancel your coverage at any time by notifying the Trust Office in writing. Coverage for you and any enrolled family members will end on the first day of the month following the date of notification.

BENEFIT OPTIONS

You may elect either the **Gold Plan** or **Platinum Plan** benefit option for yourself and your covered dependents. Before making your selection, please review the current Schedule of Insurance and monthly premium amounts which may be obtained from the Trust Office.

The following is a summary of benefits under the Accident Insurance Plan. **This is only a summary of coverage. In the event of a conflict between this summary and your Certificate of Insurance, the Certificate will prevail. Please review your Certificate of Insurance for information on specific terms, conditions and exclusions of coverage.**

SCHEDULE OF INSURANCE

ACCIDENTAL DEATH	GOLD PLAN BENEFIT AMOUNT	PLATINUM PLAN BENEFIT AMOUNT
Basic Accidental Death Benefit		
Member	\$25,000	\$50,000
Spouse	\$10,000	\$20,000
Dependent Child	\$5,000	\$10,000
Accidental Death – Common Carrier Benefit		
Member	\$50,000	\$150,000
Spouse	\$20,000	\$60,000
Dependent Child	\$10,000	\$30,000
<p>The Accidental Death benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for injuries sustained by the covered person in the same accident for which the Accidental Death Benefit is being paid.</p>		
ACCIDENTAL DISMEMBERMENT/ FUNCTIONAL LOSS/PARALYSIS	GOLD PLAN BENEFIT AMOUNT	PLATINUM PLAN BENEFIT AMOUNT
Basic Dismemberment Benefit		
Loss of one finger or one toe	\$750	\$1,000
Loss of one arm or one leg	\$10,000	\$15,000
Loss of one hand or one foot	\$10,000	\$15,000
Loss of two or more fingers or toes in any combination	\$1,500	\$2,000
Basic Functional Loss Benefit		
Loss of sight in one eye	\$10,000	\$15,000
Loss of hearing in one ear	\$10,000	\$15,000
Catastrophic Dismemberment Benefit		
Loss of both arms or both legs or one arm and one leg	\$20,000	\$100,000 (Member) \$50,000 (Spouse/Child)
Loss of both hands or both feet or one hand and one foot	\$20,000	\$100,000 (Member) \$50,000 (Spouse/Child)
Catastrophic Functional Loss Benefit		
Loss of sight in both eyes	\$20,000	\$100,000 (Member) \$50,000 (Spouse/Child)
Loss of hearing in both ears	\$20,000	\$100,000 (Member) \$50,000 (Spouse/Child)
Loss of ability to speak	\$20,000	\$100,000 (Member) \$50,000 (Spouse/Child)

ACCIDENTAL DISMEMBERMENT/ FUNCTIONAL LOSS/PARALYSIS	GOLD PLAN BENEFIT AMOUNT	PLATINUM PLAN BENEFIT AMOUNT
Paralysis Benefit		
One limb (monoplegia)	\$0	\$100,000 (Member) \$50,000 (Spouse/Child)
Two limbs (paraplegia or hemiplegia)	\$10,000	\$100,000 (Member) \$50,000 (Spouse/Child)
Four limbs (quadriplegia)	\$20,000	\$100,000 (Member) \$50,000 (Spouse/Child)
ACCIDENTAL INJURY	GOLD PLAN BENEFIT AMOUNT	PLATINUM PLAN BENEFIT AMOUNT
Fracture Benefit	Depending on the fracture	Depending on the fracture
Closed Reduction	\$100 to \$4,000	\$200 to \$5,000
Open Reduction	\$200 to \$8,000	\$400 to \$10,000
Chip Fracture Benefit	25% of applicable benefit for the bone involved	25% of applicable benefit for the bone involved
Full Dislocation Benefit	Depending on the dislocation	Depending on the dislocation
Closed Reduction	\$100 to \$4,000	\$200 to \$5,000
Open Reduction	\$200 to \$8,000	\$400 to \$10,000
Partial Dislocation Benefit	25% of applicable benefit for the joint involved	25% of applicable benefit for the joint involved
Burn Benefit	Depending on percentage of burnt skin	Depending on percentage of burnt skin
Second Degree Burn	\$75 to \$1,000	\$100 to \$1,500
Third Degree Burn	\$1,250 to \$10,000	\$1,500 to \$15,000
Skin Graft Benefit for a burn for which the Burn Benefit was paid	50% of the Burn Benefit that was paid	50% of the Burn Benefit that was paid
Concussion Benefit	\$250	\$500
Coma Benefit	\$7,500	\$10,000
Laceration Benefit	Depending on length of cut and type of repair	Depending on length of cut and type of repair
	\$50 to \$400	\$75 to \$700
Broken Tooth Benefit		
Crown	\$200	\$300
Extraction	\$100	\$150
Filling	\$25	\$50
Eye injury Benefit	\$300	\$400

ACCIDENT – MEDICAL TREATMENT AND SERVICES	GOLD PLAN BENEFIT AMOUNT	PLATINUM PLAN BENEFIT AMOUNT
Ambulance Benefit		
Air ambulance	\$750	\$1,500
Ground ambulance	\$200	\$400
Emergency Care Benefit		
Emergency Room	\$150	\$200
Physician's Office or Urgent Care	\$75	\$100
Non-Emergency Initial Care Benefit	\$75	\$100
Medical Testing Benefit	\$150	\$200
Physician Follow-up Visit Benefit	\$75	\$100
Transportation Benefit	\$400	\$500
Therapy Services Benefit	\$35	\$50
Pain Management Benefit (Epidural anesthesia)	\$75	\$100
Prosthetic Device Benefit		
One device only	\$750	\$1,000
More than one device	\$1,500	\$2,000
Medical Appliance Benefit		
Brace, cane, crutches	\$75	\$150
Walker - expected use less than 1 year	\$150	\$200
Walker – expected use 1 year or longer	\$300	\$400
Walking boot	\$75	\$150
Wheel chair or motorized scooter – expected use less than 1 year	\$200	\$300
Wheel chair or motorized scooter – expected use 1 year or longer	\$750	\$1,000
Other medical mobility device	\$75	\$150
Medical Appliance Benefit limit for all medical appliances, combined, per covered person, per accident	\$750	\$1,000
Modification Benefit	\$1,000	\$1,500
Blood/Plasma/Platelets Benefit	\$400	\$500

ACCIDENT – MEDICAL TREATMENT AND SERVICES	GOLD PLAN BENEFIT AMOUNT	PLATINUM PLAN BENEFIT AMOUNT
Surgery Benefit	Depending on the type of surgery	Depending on the type of surgery
Surgical Repair	\$150 to \$1,500	\$200 to \$2,000
Exploratory Surgery	\$150	\$200
Other Outpatient Surgery	\$300	\$400
ACCIDENT – HOSPITAL BENEFITS	GOLD PLAN BENEFIT AMOUNT	PLATINUM PLAN BENEFIT AMOUNT
Hospital admission	\$1,000	\$1,500
Intensive care (ICU) admission	\$1,000	\$1500
Hospital confinement (per day)	\$200	\$300
ICU confinement (per day)	\$200	\$300
Inpatient rehabilitation (per day)	\$150	\$200
OTHER BENEFITS	GOLD PLAN BENEFIT AMOUNT	PLATINUM PLAN BENEFIT AMOUNT
Lodging Benefit (per day) for companion of covered person who is hospitalized	\$200	\$300
Organized Sports Activity Injury Benefit Rider	An additional 25% of eligible Accidental Injury, Accident – Medical Treatment and Services, and Accident – Hospital benefits will be paid if accident is due to an organized sports activity	An additional 25% of eligible Accidental Injury, Accident – Medical Treatment and Services, and Accident – Hospital benefits will be paid if accident is due to an organized sports activity

GENERAL EXCLUSIONS AND LIMITATIONS

The following exclusions and limitations apply to the payment of all benefits under this plan. Please note that certain benefits are subject to additional exclusions and limitations which are set forth in the benefit provisions of your Certificate of Insurance.

The plan will not pay benefits for any loss for a covered person caused by the covered person’s sickness, or the diagnosis or treatment of such sickness, except for the covered person’s use of:

- Any drug, medication or sedative that is taken or used as prescribed by a physician; or
- An over-the-counter drug, medication or sedative taken as directed.

The Plan will not pay benefits for any loss for a covered person caused or contributed by:

- Covered person’s voluntary use, by any means of any drug, medication or sedative unless it is taken or used as prescribed by a physician, or is an over-the-counter drug, medication or sedative taken as directed;
- Covered person’s voluntary use of alcohol in combination with any drug, medication or sedative;
- Covered persons voluntary use of poison, gas, or fumes;
- Covered person’s suicide or attempted suicide (while sane or insane);
- Covered person’s intentionally self-inflicted injury;
- War, whether declared or undeclared; or act of war;

- Covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- Covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- Covered person's infection, other than an infection occurring in an external wound resulting from an injury;
- Food poisoning;
- Covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including but not limited to an automobile, boat, motorcycle, truck, all-terrain vehicle, or snow mobile. For purposes of this exclusion, intoxicated means that the covered person's blood alcohol level met or exceeded .08%;
- Dental or plastic surgery for cosmetic purposes, except when such surgery is performed to: (i) treat an injury; (ii) correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this plan; or (iii) reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this plan;
- Covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of: (i) any drug, medication or sedative that is taken or used as prescribed by a physician; or (ii) an over-the-counter drug, medication or sedative taken as directed;
- Activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- Covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- Covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- Covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- Covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- Covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet, spelunking, or mountaineering including rock climbing using ropes and any other climbing equipment. For purposes of this exclusion, the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, the plan will not pay benefits for:

- Covered person while incarcerated in any type of penal or detention facility; or
- Any medical treatment, services or transportation described in the Accident – Medical Treatment and Services Benefit section rendered outside of the United States, Canada or Mexico.

Your Certificate of Insurance contains certain conditions, limitations, and other provisions that may reduce benefits or prevent a covered person from receiving benefits under the plan. Please read your entire Certificate carefully.

HOW TO FILE A CLAIM

You can designate another person to act on your behalf in the handling of your benefit claims. In order to do so, you must complete and file a form with the Trust Office and/or the insurance carrier that identifies the individual that is authorized to act on your behalf as your authorized representative. If you designate an authorized representative to act on your behalf, all correspondence and benefit determinations will be directed to your authorized representative, unless you direct otherwise. You may also request that this information be provided to both you and your authorized representative.

To file a claim for benefits, notice of the claim and proof of the claim must be submitted as follows:

Step 1: You must give notice by writing or calling MetLife within 30 days of the date of your loss.

Step 2: MetLife will send you a claim form and instructions on how to complete it. You should receive the form within 15 days of giving notice of your claim.

Step 3: When you receive the claim form, you should fill it out as instructed and return it with the required proof of claim.

Step 4 You must provide proof of your claim within 90 days of the date of your loss. If notice or proof of your claim is not given within the time limits described, the delay will not cause a claim to be denied or reduced if such notice and proof are given as soon as reasonably possible, but in no event later than 15 months from the date of your loss.

Your Certificate of Insurance contains specific proof requirements for covered benefits. You may be required to also provide authorization for MetLife to obtain medical records and other information pertinent to your claim and/or be examined by an independent physician at the Company's expense.

For assistance in filing a claim or if you have any questions regarding claims and appeals procedures, contact the Trust Office or a MetLife representative toll-free at 1-866-626-3705, Monday through Friday between 8:00 a.m. and 11:00 p.m. Eastern Standard Time. You may also write to MetLife at the following address:

Metropolitan Life Insurance Company
Attention: Accident Insurance Product
P.O. Box 80826
Lincoln, NE 68501-0826
FAX: 1-866-268-2621

Appealing a Claim Decision

If your claim is denied in whole or in part, you may appeal the decision by filing a written request to MetLife within 180 days of receiving the notice of denial. Your written appeal must include the following information:

- Name of the covered person
- Claim number
- Group policy number and name of the group policy holder
- An explanation of why you are appealing the decision

As part of your appeal, you may submit any written comments, documents, records, or other information relating to your claim. MetLife will conduct a review of your claim and notify you in writing within 45 days of receiving your appeal request of its decision on appeal or if additional time will be required to complete the review and the reason the additional time is required.

Time Limit on Legal Actions

A legal action on a claim may only be brought against MetLife during a certain period. This period begins 60 days after the date proof of your claim is filed and ends three years after the date such proof is required to be filed.

PAYMENT OF BENEFITS

Benefit payments will be made to you while you are living and to your designated beneficiary upon your death. On your Accident Insurance Enrollment Application form, you may name anyone you wish as your beneficiary. You may change your beneficiary at any time by submitting a Beneficiary Designation/Name Change form to the Trust Office. The change will take effect as of the date that you sign the form and will not apply to any payment made before the change request was recorded.

If you designate a beneficiary, upon your death, any amount that is due or becomes due will be paid to the beneficiary or beneficiaries named in writing by you, provided the names are on file with the Trust Office.

Unless you request otherwise in your filed beneficiary designation, payment shall be made as follows:

- (a) If more than one beneficiary is named, each will be paid an equal share.
- (b) If any named beneficiary dies before you, his/her share will be divided equally among the named beneficiaries who survive you.
- (c) If no beneficiary is named, or if no named beneficiary survives you, MetLife may, at the Company's option, pay the first of the following classes of successive preference beneficiaries who survive you:
 - (i) all to your surviving spouse;
 - (ii) if your spouse does not survive you, in equal shares to your surviving children;
 - (iii) if no child survives you, in equal shares to your surviving parents;
 - (iv) if no parent survives you, in equal shares to your surviving brothers and sisters;
 - (v) if none of the above survives you, to your estate.

WHEN INSURANCE ENDS

Your insurance will end on the earliest of the following dates:

- the end of the period for which the last full premium has been paid
- the date you cease to be in an eligible class
- the date insurance ends for your class
- the date you die
- the date this plan ends

A dependent's insurance will end on the earliest of the following dates:

- the end of the period for which the last full premium has been paid
- the date the person ceases to be an eligible dependent under this plan
- the date your insurance ends
- the date you cease to be in a class that is eligible for dependent insurance
- the date dependent insurance ends for all members or for your class

CONTINUED INSURANCE

If your insurance ends because you cease to be in an eligible class, you may continue coverage for yourself and your dependents by submitting a written request to MetLife within 31 days. You must also make the first premium payment for continued insurance during this 31-day period. Your premium rate for continued insurance will be the same as the premium rate charged under the group plan. Increases or decreases in the group premium will apply to the premium you pay for continued insurance.

If elected, your continued insurance will end on the earliest of the following dates:

- the end of the period for which the last full premium has been paid
- the date group insurance ends for the class that you are in
- the date group insurance ends for the class you were last in before obtaining continued insurance
- the date you die
- the date this plan ends

If elected, continued dependent insurance will end on the earliest of the following dates:

- the end of the period for which the last full premium has been paid
- the date the person ceases to be an eligible dependent under this plan
- the date your continued insurance ends for any reason
- the date dependent insurance ends for all members under the group insurance
- the date dependent insurance ends for the class that you are in
- the date dependent insurance ends for the class you were last in before obtaining continued insurance

At the end of the continuation periods listed above, if you resume membership in an eligible class at that time, you will continue to be insured under the group policy. If you do not resume membership in an eligible class at that time, your employment will be considered to end and your insurance and dependent insurance will end.

The preceding accident insurance benefits are insured under a contract issued by Metropolitan Life Insurance Company, 200 Park Avenue, New York, New York, 10166-0188. The services provided by MetLife include the payment of claims and the handling of claims appeals.

The preceding is for informational purposes only and is only a summary provided to help you understand your accident insurance coverage from MetLife. Its contents are subject to the provisions of the group insurance policy with Metropolitan Life Insurance Company, and all amendments thereto, which contain all the terms and conditions of coverage and benefits. These documents are on file with the HSTA Voluntary Employees Beneficiary Association Trust Office. If the terms of the preceding Plan summary differ from the policy documents, the policy will govern. Please refer to the policy documents and your Certificate of Insurance, which you received when you enrolled in the accident insurance plan, for specific questions about coverage.