

## METLIFE SUPPLEMENTAL PLANS

# ACCIDENT INSURANCE

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive<sup>1</sup>. Here are just some of the covered events / services<sup>2</sup>. Please see the benefit summary for a full list of covered services.

	Low Plan			High Plan		
	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL DEATH BENEFITS CATEGORY</b>						
<b>Basic Accidental Death</b>	\$25,000	\$12,500	\$5,000	\$50,000	\$25,000	\$10,000
<b>Accidental Death Common Carrier</b>	\$75,000	\$37,500	\$15,000	\$150,000	\$75,000	\$30,000
<b>BASIC DISMEMBERMENT/FUNCTIONAL LOSS BENEFIT</b>						
<b>Loss of one finger or one toe</b>	\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
<b>Loss of one arm or one leg</b>	\$7,500	\$7,500	\$7,500	\$15,000	\$15,000	\$15,000
<b>Loss of one hand or one foot</b>	\$7,500	\$7,500	\$7,500	\$15,000	\$15,000	\$15,000
<b>Loss of two or more fingers or toes</b>	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
<b>Loss of sight in one eye</b>	\$7,500	\$7,500	\$7,500	\$15,000	\$15,000	\$15,000
<b>Loss of hearing in one ear</b>	\$7,500	\$7,500	\$7,500	\$15,000	\$15,000	\$15,000
<b>CATASTROPHIC DISMEMBERMENT/FUNCTIONAL LOSS BENEFIT</b>						
<b>Loss of both arms or both legs or one arm and one leg</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000
<b>Loss of both hands or both feet or one hand and one foot</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000
<b>Loss of sight in both eyes</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000
<b>Loss of hearing in both ears</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000
<b>Loss of ability to speak</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000
<b>PARALYSIS BENEFIT</b>						
<b>Two Limbs (paraplegia or hemiplegia)</b>	\$7,500	\$7,500	\$7,500	\$20,000	\$20,000	\$20,000
<b>Four Limbs (quadriplegia)</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000

<sup>1</sup>Covered services/treatments must be the result of a covered accident as defined in the group policy / certificate. See your Disclosure Statement or Outline of Coverage / Disclosure Document for full details.

<sup>2</sup>Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage / Disclosure Document for state variations.

<sup>3</sup>Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

<sup>4</sup>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. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

<sup>5</sup>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.

## Example of How Benefits are Paid

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, 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. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance copayments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event <sup>2</sup>	Benefit Amount
Ambulance (ground)	\$400
Emergency Care	\$200
Physician Follow-Up (\$200 x 2)	\$400
Medical Testing	\$250
Concussion	\$600
Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$2,150



## METLIFE SUPPLEMENTAL PLANS

# CANCER INSURANCE

Eligible Individual	Benefit Amount	Requirements
<b>COVERAGE OPTIONS</b>		
<b>Employee</b>	\$10,000, \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse / Domestic Partner<sup>2</sup></b>	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse / domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>
<b>Dependent Child(ren)<sup>3</sup></b>	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>

<sup>1</sup>Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents 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.

<sup>2</sup>Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>3</sup>Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>4</sup>Review the Disclosure Document or Outline of Coverage / Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

### Benefit Payment

Your plan pays a lump-sum Initial Benefit upon the first verified diagnosis of a covered cancer. Your plan also pays a lump-sum Recurrence Benefit<sup>4</sup> for a subsequent verified diagnosis of the same cancer as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same cancer. There is a Benefit Suspension Period that applies.

The maximum amount that you can receive through your Cancer Insurance plan is called the Total Benefit Amount and is 5 times the amount of your Benefit Amount. This means that you can receive multiple benefit payments until you reach the maximum of \$50,000, \$100,000 or \$150,000.

This Cancer Insurance coverage provides a lump sum benefit for:

- ❖ Invasive Cancer—Covers advanced forms of cancer.
- ❖ Non-Invasive Cancer—Covers most forms of early stage cancers.
- ❖ Skin Cancer—Covers most malignant growths that arise on the surface of the skin.

Please refer to the table below for the percentage benefit payable for each covered cancer.

Covered Conditions*	Initial Benefit	Recurrence Benefit
<b>CANCER CATEGORY</b>		
<b>Invasive Cancer</b>	100% of Benefit Amount	50% of Initial Benefit Amount
<b>Non-Invasive Cancer</b>	25% of Benefit Amount	50% of Initial Benefit Amount
<b>Skin Cancer</b>	5% of Benefit Amount, but not less than \$250	50% of Initial Benefit, but no less than \$250

### Health Screening Benefit

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage / Disclosure Document for specific state variations and exclusions around this benefit.

### Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$10,000.

Illness – Covered Condition	Payment
<b>Invasive Cancer (leukemia) – first verified diagnosis</b>	Initial Benefit payment of \$10,000 or 100%.
<b>Full Benefit Cancer (leukemia) – second verified diagnosis, three years later</b>	Recurrence Benefit payment of \$5,000 or 50%



## METLIFE SUPPLEMENTAL PLANS

# CRITICAL ILLNESS INSURANCE

Eligible Individual	Benefit Amount	Requirements
<b>COVERAGE OPTIONS</b>		
<b>Employee</b>	\$10,000, \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse / Domestic Partner<sup>2</sup></b>	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse / domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>
<b>Dependent Child(ren)<sup>3</sup></b>	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>

<sup>1</sup>Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents 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.

<sup>2</sup>Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>3</sup>Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>4</sup>Review the Disclosure Document or Outline of Coverage / Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

<sup>5</sup>Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>6</sup>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.

### Benefit Payment

Your plan pays a lump-sum Initial Benefit upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum Recurrence Benefit for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit Amount and is 5 times the amount of your Benefit Amount. This means that you can receive multiple benefit payments until you reach the maximum of \$50,000, \$100,000 or \$150,000.

Please refer to the benefit summary for a full list of covered conditions and the percentage benefit payable for each Covered Condition.

### Health Screening Benefit

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening / prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage / Disclosure Document for specific state variations and exclusions around this benefit.

### Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$10,000.

Illness – Covered Condition	Payment
<b>Heart Attack — first verified diagnosis</b>	Initial Benefit payment of \$10,000 or 100%
<b>Kidney Failure — first verified diagnosis, two years later</b>	Initial Benefit payment of \$10,000 or 100%
<b>Heart Attack — second verified diagnosis, four years later</b>	Recurrence Benefit payment of \$10,000 or 100%



## METLIFE SUPPLEMENTAL PLANS

# HOSPITAL INDEMNITY PLAN

With MetLife, you'll have a comprehensive plan which provide lump sum cash payments in addition to any other payments you may receive from your medical plan. Here are just some of the covered benefits / services, when an accident or illness puts you in the hospital.<sup>1</sup>

### Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Hospital Benefits		
ADMISSION BENEFIT		
Admission	1 time per calendar year	\$1,500
ICU Admission	1 time per calendar year (Benefit paid concurrently with Admission Benefit when admitted to ICU)	\$1,500
CONFINEMENT BENEFIT		
Confinement <sup>2</sup>	15 days per calendar year	\$200
ICU Confinement	15 days per calendar year (Benefit paid concurrently with Confinement Benefit when admitted to ICU)	\$200
Newborn Confinement <sup>3</sup>	2 day(s) per confinement	\$50
INPATIENT REHABILITATION BENEFIT*		
Inpatient Rehabilitation	15 days per calendar year (For Injury or Sickness)	\$50
OTHER BENEFITS		
Health Screening Benefit	1 time(s) per calendar year per covered person	\$50

<sup>1</sup>Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage / Disclosure Document for full details.

<sup>2</sup>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.

<sup>3</sup>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 in the Certificate. Some states require the insured to have medical coverage.

<sup>4</sup>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.

\*Benefit(s) that requires prior Admission or Confinement

### Benefit Payment Example for Plan

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance copayments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit	Benefit Amount
Regular Hospital Admission (1x)	\$1,500
ICU Supplemental Admission (1x)	\$1,500
Regular Hospital Confinement (3 total days)	\$600
ICU Supplemental Confinement (1 day)	\$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$3,800



## METLIFE SUPPLEMENTAL PLANS

# 2024 METLIFE CONTRIBUTIONS

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
CANCER – \$1,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$0.11	\$0.19	\$0.17	\$0.25	\$0.14	\$0.23	\$0.21	\$0.31
25 - 34	\$0.14	\$0.22	\$0.20	\$0.28	\$0.18	\$0.28	\$0.25	\$0.35
35 - 44	\$0.23	\$0.34	\$0.29	\$0.39	\$0.28	\$0.42	\$0.36	\$0.49
45 - 54	\$0.37	\$0.55	\$0.43	\$0.61	\$0.47	\$0.69	\$0.54	\$0.76
55 - 64	\$0.58	\$0.92	\$0.64	\$0.98	\$0.73	\$1.16	\$0.81	\$1.23
65+	\$0.99	\$1.62	\$1.04	\$1.68	\$1.24	\$2.05	\$1.31	\$2.12
CANCER – \$10,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$1.10	\$1.85	\$1.70	\$2.45	\$1.39	\$2.34	\$2.15	\$3.09
25 - 34	\$1.40	\$2.20	\$1.95	\$2.80	\$1.77	\$2.78	\$2.46	\$3.54
35 - 44	\$2.25	\$3.35	\$2.85	\$3.90	\$2.84	\$4.23	\$3.60	\$4.93
45 - 54	\$3.70	\$5.45	\$4.25	\$6.05	\$4.67	\$6.88	\$5.37	\$7.64
55 - 64	\$5.80	\$9.20	\$6.40	\$9.75	\$7.33	\$11.62	\$8.08	\$12.32
65+	\$9.85	\$16.20	\$10.40	\$16.80	\$12.44	\$20.46	\$13.14	\$21.22
CANCER – \$20,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$2.20	\$3.70	\$3.40	\$4.90	\$2.78	\$4.67	\$4.29	\$6.19
25 - 34	\$2.80	\$4.40	\$3.90	\$5.60	\$3.54	\$5.56	\$4.93	\$7.07
35 - 44	\$4.50	\$6.70	\$5.70	\$7.80	\$5.68	\$8.46	\$7.20	\$9.85
45 - 54	\$7.40	\$10.90	\$8.50	\$12.10	\$9.35	\$13.77	\$10.74	\$15.28
55 - 64	\$11.60	\$18.40	\$12.80	\$19.50	\$14.65	\$23.24	\$16.17	\$24.63
65+	\$19.70	\$32.40	\$20.80	\$33.60	\$24.88	\$40.93	\$26.27	\$42.44
CANCER – \$30,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$3.30	\$5.55	\$5.10	\$7.35	\$4.17	\$7.01	\$6.44	\$9.28
25 - 34	\$4.20	\$6.60	\$5.85	\$8.40	\$5.31	\$8.34	\$7.39	\$10.61
35 - 44	\$6.75	\$10.05	\$8.55	\$11.70	\$8.53	\$12.69	\$10.80	\$14.78
45 - 54	\$11.10	\$16.35	\$12.75	\$18.15	\$14.02	\$20.65	\$16.11	\$22.93
55 - 64	\$17.40	\$27.60	\$19.20	\$29.25	\$21.98	\$34.86	\$24.25	\$36.95
65+	\$29.55	\$48.60	\$31.20	\$50.40	\$37.33	\$61.39	\$39.41	\$63.66

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
HOSPITAL INDEMNITY		
Employee Only	\$12.17	\$15.37
Employee + Spouse	\$22.41	\$28.31
Employee + Child(ren)	\$17.84	\$22.53
Family	\$28.09	\$35.48

Key
EO – Employee Only
ES – Employee + Spouse
EC – Employee + Child(ren)
EF – Employee + Family



## METLIFE SUPPLEMENTAL PLANS

# 2024 METLIFE CONTRIBUTIONS

Plan Rates*	24 Pay Period Contributions		19 Pay Period Contributions	
Accident				
Plan Type	Low Plan	High Plan	Low Plan	High Plan
Employee Only	\$2.62	\$4.68	\$3.30	\$5.91
Employee + Spouse	\$5.17	\$9.23	\$6.52	\$11.65
Employee + Child(ren)	\$5.98	\$10.69	\$7.55	\$13.50
Family	\$7.32	\$13.08	\$9.25	\$16.52

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
CRITICAL ILLNESS – \$1,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$0.18	\$0.36	\$0.29	\$0.46	\$0.23	\$0.45	\$0.36	\$0.58
25 - 34	\$0.23	\$0.46	\$0.34	\$0.56	\$0.29	\$0.57	\$0.42	\$0.70
35 - 44	\$0.37	\$0.72	\$0.47	\$0.83	\$0.47	\$0.91	\$0.59	\$1.04
45 - 54	\$0.61	\$1.25	\$0.72	\$1.35	\$0.77	\$1.57	\$0.90	\$1.71
55 - 64	\$1.02	\$2.23	\$1.12	\$2.33	\$1.29	\$2.82	\$1.41	\$2.94
65+	\$1.90	\$4.27	\$2.00	\$4.37	\$2.39	\$5.39	\$2.52	\$5.51
CRITICAL ILLNESS – \$10,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$1.80	\$3.55	\$2.85	\$4.60	\$2.27	\$4.48	\$3.60	\$5.81
25 - 34	\$2.30	\$4.55	\$3.35	\$5.55	\$2.91	\$5.75	\$4.23	\$7.01
35 - 44	\$3.70	\$7.20	\$4.70	\$8.25	\$4.67	\$9.09	\$5.94	\$10.42
45 - 54	\$6.10	\$12.45	\$7.15	\$13.50	\$7.71	\$15.73	\$9.03	\$17.05
55 - 64	\$10.20	\$22.30	\$11.20	\$23.30	\$12.88	\$28.17	\$14.15	\$29.43
65+	\$18.95	\$42.65	\$19.95	\$43.65	\$23.94	\$53.87	\$25.20	\$55.14
CRITICAL ILLNESS – \$20,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$3.60	\$7.10	\$5.70	\$9.20	\$4.55	\$8.97	\$7.20	\$11.62
25 - 34	\$4.60	\$9.10	\$6.70	\$11.10	\$5.81	\$11.49	\$8.46	\$14.02
35 - 44	\$7.40	\$14.40	\$9.40	\$16.50	\$9.35	\$18.19	\$11.87	\$20.84
45 - 54	\$12.20	\$24.90	\$14.30	\$27.00	\$15.41	\$31.45	\$18.06	\$34.11
55 - 64	\$20.40	\$44.60	\$22.40	\$46.60	\$25.77	\$56.34	\$28.29	\$58.86
65+	\$37.90	\$85.30	\$39.90	\$87.30	\$47.87	\$107.75	\$50.40	\$110.27
CRITICAL ILLNESS – \$30,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$5.40	\$10.65	\$8.55	\$13.80	\$6.82	\$13.45	\$10.80	\$17.43
25 - 34	\$6.90	\$13.65	\$10.05	\$16.65	\$8.72	\$17.24	\$12.69	\$21.03
35 - 44	\$11.10	\$21.60	\$14.10	\$24.75	\$14.02	\$27.28	\$17.81	\$31.26
45 - 54	\$18.30	\$37.35	\$21.45	\$40.50	\$23.12	\$47.18	\$27.09	\$51.16
55 - 64	\$30.60	\$66.90	\$33.60	\$69.90	\$38.65	\$84.51	\$42.44	\$88.29
65+	\$56.85	\$127.95	\$59.85	\$130.95	\$71.81	\$161.62	\$75.60	\$165.41

Key
EO – Employee Only
ES – Employee + Spouse
EC – Employee + Child(ren)
EF – Employee + Family

