

## Accident Insurance

Fort Bend ISD

Benefits that may help cover costs such as those not covered by 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 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>.

**Covered Benefits** – All benefits must relate to injuries sustained in an accident.

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



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		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
ACCIDENTAL INJURY BENEFITS CATEGORY			
Fracture Benefit (Closed)			
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$750	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$3,000	\$5,000
Skull Fracture - non depressed (except bones of face or nose)		\$1,500	\$2,500
Lower Jaw, Mandible (except alveolar process)		\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)		\$750	\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$750	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$500	\$1,000
Rib		\$500	\$1,000
Finger, Toe		\$75	\$200
Vertebrae, Body of (excluding vertebral processes)		\$1,500	\$2,000
Vertebral Process		\$500	\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$1,500	\$2,000
Hip, Thigh (femur)		\$3,000	\$5,000
Coccyx		\$500	\$750
Leg (tibia and/or fibula)		\$1,500	\$2,000
Kneecap (patella)		\$500	\$750
Ankle		\$500	\$750
Foot (except toes)		\$500	\$750
Chip Fracture		25%	25%
Fracture Benefit (Open)			
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$1,500	\$4,000
Skull Fracture - depressed (except bones of face or nose)		\$6,000	\$10,000
Skull Fracture - non depressed (except bones of face or nose)		\$3,000	\$5,000
Lower Jaw, Mandible (except alveolar process)		\$1,000	\$2,000
Upper Jaw, Maxilla (except alveolar process)		\$1,500	\$4,000
Upper Arm between Elbow and Shoulder (humerus)		\$1,500	\$4,000

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Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,000	\$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,000	\$2,000
Rib		\$1,000	\$2,000
Finger, Toe		\$150	\$400
Vertebrae, Body of (excluding vertebral processes)		\$3,000	\$4,000
Vertebral Process		\$1,000	\$1,500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$3,000	\$4,000
Hip, Thigh (femur)		\$6,000	\$10,000
Coccyx		\$1,000	\$1,500
Leg (tibia and/or fibula)		\$3,000	\$4,000
Kneecap (patella)		\$1,000	\$1,500
Ankle		\$1,000	\$1,500
Foot (except toes)		\$1,000	\$1,500
Chip Fracture		25%	25%
Dislocation Benefit (Closed)			
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$500	\$1,000
Collarbone (sternoclavicular)		\$750	\$1,500
Collarbone (acromioclavicular and separation)		\$500	\$1,000
Shoulder (glenohumeral)		\$500	\$1,000
Rib		\$500	\$1,000
Elbow		\$500	\$1,000
Wrist		\$500	\$1,000
Bone or Bones of the Hand (other than fingers)		\$500	\$1,000
Hip		\$3,000	\$5,000
Knee (except patella)		\$1,500	\$2,500
Ankle - Bone or bones of the Foot (other than toes)		\$750	\$1,000
One Toe or Finger		\$75	\$200
Partial Dislocation		25%	25%
Dislocation Benefit (Open)			
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$1,000	\$2,000
Collarbone (sternoclavicular)		\$1,500	\$3,000
Collarbone (acromioclavicular and separation)		\$1,000	\$2,000
Shoulder (glenohumeral)		\$1,000	\$2,000
Rib		\$1,000	\$2,000

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Elbow		\$1,000	\$2,000
Wrist		\$1,000	\$2,000
Bone or Bones of the Hand (other than fingers)		\$1,000	\$2,000
Hip		\$6,000	\$10,000
Knee (except patella)		\$3,000	\$5,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,500	\$2,000
One Toe or Finger		\$150	\$400
Partial Dislocation		25%	25%
Burn Benefit			
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$75	\$100
2nd Degree 10-25% surface skin burnt		\$125	\$200
2nd Degree 25-35% surface skin burnt		\$375	\$750
2nd Degree 35% or more of surface skin burnt		\$750	\$1,500
3rd Degree w/ less than 10% of surface skin burnt		\$750	\$1,500
3rd Degree 10-25% surface skin burnt		\$1,250	\$2,000
3rd Degree 25-35% surface skin burnt		\$3,750	\$7,500
3rd Degree 35% or more of surface skin burnt		\$7,500	\$15,000
Concussion Benefit			
Concussion	1 time(s) per calendar year	\$300	\$600
Coma Benefit			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$10,000	\$20,000
Laceration Benefit			
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	\$35	\$75
Repaired by stitches but less than 2 inches long		\$60	\$125
Repaired by stitches and 2-6 inches long		\$150	\$350
Repaired by stitches and over 6 inches long		\$400	\$800
Broken Tooth Benefit			
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$150	\$300
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$75	\$150
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$25	\$50

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Eye Injury Benefit			
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$250	\$400
		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY			
Ground Ambulance Benefit			
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400
Air Ambulance Benefit			
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,250
Emergency Care Benefit			
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit)	\$100	\$200
Physician's Office		\$100	\$200
Urgent Care		\$100	\$200
Non-Emergency Initial Care Benefit			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$100	\$200
Medical Testing Benefit			
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$125	\$250
Physician Follow-Up Benefit			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$100	\$200
Transportation Benefit			
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$600
Therapy Services Benefit			
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$50	\$100
Chiropractic Therapy		\$50	\$100
Cognitive Behavioral Therapy		\$25	\$50
Occupational Therapy		\$25	\$50
Physical Therapy		\$50	\$100

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Respiratory therapy		\$25	\$50
Speech Therapy		\$25	\$50
Vocational Therapy		\$25	\$50
Pain Benefit			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$50	\$100
Prosthetic Device Benefit			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$500	\$1,000
More than One Device		\$1,000	\$2,000
Medical Appliance Benefit			
Brace		\$50	\$150
Cane		\$50	\$150
Crutches		\$50	\$150
Walker - expected use < 1yr		\$100	\$200
Walker - expected use >=1 yr		\$250	\$400
Walking Boot		\$50	\$150
Wheel chair or motorized scooter - expected use < 1yr		\$100	\$300
Wheel chair or motorized scooter - expected use >=1yr		\$500	\$1,000
Other medical device used for Mobility		\$50	\$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,000	\$2,000
Modification Benefit			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$750	\$1,500
Blood/ Plasma/ Platelets Benefit			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$800
Surgery Benefits			
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,250	\$2,500
Surgical Repair – Hernia		\$200	\$400
Surgical Repair – Ruptured Disc		\$625	\$1,500
Surgical Repair – Skin Graft Benefit		50%	50%
Surgical Repair – Torn Cartilage in Knee		\$625	\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$625	\$1,000

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Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,250	\$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,250	\$2,500
Exploratory Surgery (for any Surgery Benefit procedure)		\$200	\$400
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$250	\$400

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY			
Hospital Admission Benefit			
Admission	1 time per accident; Unlimited times per calendar year	\$1,000	\$2,000
ICU Supplemental Admission (paid in addition to Admission)		\$1,000	\$2,000
Hospital Confinement Benefit			
Confinement	15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$200	\$400
ICU Supplemental Confinement (paid in addition to Confinement)		\$200	\$400
Inpatient Rehabilitation Benefit			
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$200	\$400

		<b>LOW PLAN</b>	<b>HIGH PLAN</b>
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>	<b>ALL COVERED PERSONS</b>
<b>OTHER BENEFITS CATEGORY</b>			
Health Screening Benefit	1 time(s) per calendar year	\$50	\$50
Child Care Benefit	5 day(s) per accident; 10 day(s) per calendar year;	\$50	\$100
Lodging Benefit	15 day(s) per calendar year	\$200	\$400

## Accident Insurance

### Notes Regarding Certain Benefits:

- **Accidental Death Benefits Category:** The 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.
- **Accidental Death Common Carrier Benefit:** "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.
- **Lodging Benefit:** 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 the insured's primary residence.

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

### Benefit Payment Example

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 co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event <sup>3</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

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

### Questions & Answers

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

**A. You are eligible to enroll yourself and your eligible family members!**<sup>4</sup> 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.**<sup>5</sup> 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](https://mybenefits.metlife.com).**

<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.



## Accident Insurance

<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.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is 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 policy or its provisions may vary or be unavailable in some states. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and 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 or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. 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.

## Critical Illness Insurance

Fort Bend ISD

Benefits that may help cover expenses that are not covered by your medical plan.

### Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
<b>Employee</b>	<b>\$10,000, \$20,000 or \$30,000</b>	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse/Domestic Partner<sup>2</sup></b>	<b>100% of the Employee's Initial Benefit</b>	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>	<b>50% of the Employee's Initial Benefit</b>	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>

### 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<sup>4</sup>** 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 table below for the percentage benefit payable for each Covered Condition.

Covered Conditions*	Initial Benefit	Recurrence Benefit
<b>Benign Tumor Category</b>		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit Amount
<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit Amount
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit Amount
Skin Cancer	5% of Benefit Amount, but not less than \$250	50% of Initial Benefit, but not less than \$250
<b>Cardiovascular Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy is performed	100% of Benefit Amount	100% of Initial Benefit Amount
Coronary Artery Bypass Graft (CABG) - where surgery involving a minimally invasive surgical procedure is performed	50% of Benefit Amount	100% of Initial Benefit Amount
<b>Childhood Disease Category</b>		



## Critical Illness Insurance

Cerebral Palsy	100% of Benefit Amount	None
Cleft Lip or Cleft Palate	100% of Benefit Amount	None
Cystic Fibrosis	100% of Benefit Amount	None
Diabetes (Type 1)	100% of Benefit Amount	None
Down Syndrome	100% of Benefit Amount	None
Sickle Cell Anemia	100% of Benefit Amount	None
Spina Bifida	100% of Benefit Amount	None
<b>Functional Loss Category</b>		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	None
Paralysis of 2 or More Limbs	100% of Benefit Amount	None
<b>Heart Attack Category</b>		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
<b>Infectious Disease Category</b>		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	None
COVID-19	25% of Benefit Amount	None
Diphtheria	25% of Benefit Amount	None
Encephalitis	25% of Benefit Amount	None
Legionnaire's Disease	25% of Benefit Amount	None
Malaria	25% of Benefit Amount	None
Necrotizing Fasciitis	25% of Benefit Amount	None
Osteomyelitis	25% of Benefit Amount	None
Rabies	25% of Benefit Amount	None
Tetanus	25% of Benefit Amount	None
Tuberculosis	25% of Benefit Amount	None
<b>Kidney Failure Category</b>		
Kidney Failure	100% of Benefit Amount	None
<b>Major Organ Transplant Category</b>		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	None
<b>Progressive Disease Category</b>		
ALS	100% of Benefit Amount	None
Alzheimer's Disease	100% of Benefit Amount	None
Multiple Sclerosis	100% of Benefit Amount	None
Muscular Dystrophy	100% of Benefit Amount	None
Parkinson's Disease (Advanced)	100% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	None
<b>Severe Burn Category</b>		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
<b>Stroke Category</b>		
Stroke	100% of Benefit Amount	100% of Initial Benefit

\* Notes Regarding Covered Conditions

## Critical Illness Insurance

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
  - Coma
  - Loss of: Ability to Speak; Hearing; or Sight
  - Paralysis
  - Severe Burn

**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
Heart Attack — first verified diagnosis	Initial Benefit payment of \$10,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of \$10,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of \$10,000 or 100%

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. 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.

## Questions & Answers

### Q. Who is eligible to enroll for this critical illness coverage?

**A. You are eligible to enroll yourself and your eligible family members!**<sup>5</sup> 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 critical illness 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.**<sup>6</sup> 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](https://mybenefits.metlife.com).**

<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



## Critical Illness Insurance

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.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14- CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses

## Hospital Indemnity Insurance

Coverage to help pay for expenses such as hospitalization expenses that may not be covered under your medical plan.

**Fort Bend ISD**

### Hospital Indemnity Insurance Benefits

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>A</sup>

### Covered Benefits

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

Hospital Benefits			
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Admission Benefit	1 time(s) per calendar year	Admission	\$1,500
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$1,500
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement <sup>2</sup>	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$200
Newborn Confinement Benefit	2 day(s) per confinement	Newborn Confinement <sup>3</sup>	\$50
Inpatient Rehabilitation Benefit*	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$50
Other Benefits			
Health Screening Benefit	1 time(s) per calendar year per covered person	Health Screening	\$50

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

<sup>2</sup> If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

<sup>3</sup> The period of newborn confinement, immediately following the child's birth.

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



## Hospital Indemnity Insurance

### 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 co-payments 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

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

### Questions & Answers

**Q. How do I enroll?**

**A. Enroll for coverage at Employer website.**

**Q. Who is eligible to enroll for this Hospital Indemnity coverage?**

**A. You are eligible to enroll yourself and your eligible family members.** <sup>C</sup> You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

**Q. How do I pay for my Hospital Indemnity 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.** 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 cancels the group policy and offers you similar coverage with a different insurance carrier. <sup>D</sup>

**Q. What is the coverage effective date?**

**A. The coverage effective date is 01/01/2022.**

**Q. Who do I call for assistance?**

**A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant. Or visit our website: [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)**

<sup>A</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>B</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>C</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>D</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.



## Hospital Indemnity Insurance

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is 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 policy or its 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. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. 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.

## Cancer Insurance

Fort Bend ISD

Benefits that may help cover expenses that may not be covered by your medical plan.

### Cancer Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
<b>Employee</b>	<b>\$10,000, \$20,000 or \$30,000</b>	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse/Domestic Partner<sup>2</sup></b>	<b>50% of the Employee's Initial Benefit</b>	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>	<b>50% of the Employee's Initial Benefit</b>	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>

### 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>		
Invasive Cancer	100% of Benefit Amount	50% of Initial Benefit Amount
Non-Invasive Cancer	25% of Benefit Amount	50% of Initial Benefit Amount
Skin Cancer	5% of Benefit Amount, but not less than \$250	50% of Initial Benefit, but no less than \$250

#### \* Notes Regarding Covered Cancers

MetLife will not pay a benefit for a covered cancer that is diagnosed prior to the coverage effective date. Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.



## Cancer Insurance

**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
Invasive Cancer (leukemia) – first verified diagnosis	Initial Benefit payment of \$10,000 or 100%.
Full Benefit Cancer (leukemia) – second verified diagnosis, three years later	Recurrence Benefit payment of \$5,000 or 50%

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific cancers. 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.

### Questions & Answers

**Q. Who is eligible to enroll for this cancer coverage?**

**A. You are eligible to enroll yourself and your eligible family members!**<sup>5</sup> 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 cancer 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.**<sup>6</sup> 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](https://mybenefits.metlife.com).**

<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.

The MetLife Cancer Insurance plan is based on the MetLife Critical Illness Insurance (CII) policy. MetLife Cancer Insurance includes only the Cancer Covered Conditions.

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## Cancer Insurance

Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses