

Ancillary Products & FSA Plan

Accident

Rates:

Type	Low Plan	High Plan
Employee Only	10.23	16.11
Employee & Spouse	20.29	31.88
Employee & Children	24.36	38.12
Employee, Spouse & Children	28.80	45.16

Coverage:

Benefit	Benefit Limits	Low Plan			High Plan		
		Employee	Spouse	Child	Employee	Spouse	Child
Accidental Death Benefits							
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							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	\$750	\$750	\$750	\$1,000	\$1,000	\$1,000
Loss of one arm or one leg		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Loss of one hand or one foot		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Loss of two or more fingers or toes		\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000
Loss of sight in one eye		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Loss of hearing in one ear		\$10,000	\$10,000	\$10,000	\$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	\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of both hands or both feet or one hand and one foot		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of sight in both eyes		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of hearing in both ears		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of ability to speak		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Paralysis Benefit							
Two Limbs (paraplegia or hemiplegia)	N/A	\$10,000	\$10,000	\$10,000	\$20,000	\$20,000	\$20,000
Four Limbs (quadriplegia)		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000

		Low Plan	High Plan
Benefit	Benefit Limits	All Covered Persons	All Covered Persons
Accidental Injury Benefits			
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.	\$1,000	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$4,000	\$5,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,000	\$2,500
Lower Jaw, Mandible (except alveolar process)		\$750	\$1,000
Upper Jaw, Maxilla (except alveolar process)		\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$750	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$750	\$1,000
Rib		\$750	\$1,000
Finger, Toe		\$100	\$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)		\$4,000	\$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.	\$2,000	\$4,000
Skull Fracture - depressed (except bones of face or nose)		\$8,000	\$10,000
Skull Fracture - non depressed (except bones of face or nose)		\$4,000	\$5,000
Lower Jaw, Mandible (except alveolar process)		\$1,500	\$2,000
Upper Jaw, Maxilla (except alveolar process)		\$2,000	\$4,000
Upper Arm between Elbow and Shoulder (humerus)		\$2,000	\$4,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,500	\$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,500	\$2,000
Rib		\$1,500	\$2,000

Finger, Toe		\$200	\$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)		\$8,000	\$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		\$750	\$1,000	
Collarbone (sternoclavicular)		\$1,000	\$1,500	
Collarbone (acromioclavicular and separation)		\$750	\$1,000	
Shoulder (glenohumeral)		\$750	\$1,000	
Rib		\$750	\$1,000	
Elbow	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.	\$750	\$1,000	
Wrist		\$750	\$1,000	
Bone or Bones of the Hand (other than fingers)		\$750	\$1,000	
Hip		\$4,000	\$5,000	
Knee (except patella)		\$2,000	\$2,500	
Ankle - Bone or bones of the Foot (other than toes)		\$750	\$1,000	
One Toe or Finger		\$100	\$200	
Partial Dislocation		25%	25%	
Dislocation Benefit (Open)				
Lower Jaw			\$1,500	\$2,000
Collarbone (sternoclavicular)			\$2,000	\$3,000
Collarbone (acromioclavicular and separation)			\$1,500	\$2,000
Shoulder (glenohumeral)			\$1,500	\$2,000
Rib		\$1,500	\$2,000	
Elbow	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.	\$1,500	\$2,000	
Wrist		\$1,500	\$2,000	
Bone or Bones of the Hand (other than fingers)		\$1,500	\$2,000	
Hip		\$8,000	\$10,000	
Knee (except patella)		\$4,000	\$5,000	
Ankle - Bone or bones of the Foot (other than toes)		\$1,500	\$2,000	
One Toe or Finger		\$200	\$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		\$150	\$200
2nd Degree 25-35% surface skin burnt		\$500	\$750
2nd Degree 35% or more of surface skin burnt		\$1,000	\$1,500
3rd Degree w/ less than 10% of surface skin burnt		\$1,000	\$1,500
3rd Degree 10-25% surface skin burnt		\$1,500	\$2,000
3rd Degree 25-35% surface skin burnt		\$5,000	\$7,500
3rd Degree 35% or more of surface skin burnt		\$10,000	\$15,000
Concussion Benefit			
Concussion	1 time(s) per calendar year	\$250	\$500
Coma Benefit			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$7,500	\$10,000
Laceration Benefit			
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$50	\$75
Repaired by stiches but less than 2 inches long		\$75	\$125
Repaired by stiches and 2-6 inches long		\$200	\$350
Repaired by stiches and over 6 inches long		\$400	\$700
Broken Tooth Benefit			
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$200	\$300
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$100	\$150
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$25	\$50
Eye Injury Benefit			
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400

Medical Treatment & Services Benefits			
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). Payable within 96 hours after the accident.	\$150	\$200
Physician's Office		\$75	\$100
Urgent Care		\$75	\$100

Non-Emergency Initial Care Benefit			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$75	\$100
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	\$150	\$200
Physician Follow-Up Benefit			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$75	\$100
Transportation Benefit			
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$400
Therapy Services Benefit			
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$35	\$50
Chiropractic Therapy		\$35	\$50
Cognitive Behavioral Therapy		\$35	\$50
Occupational Therapy		\$35	\$50
Physical Therapy		\$35	\$50
Respiratory therapy		\$35	\$50
Speech Therapy		\$35	\$50
Vocational Therapy		\$35	\$50
Pain Benefit			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$75	\$100
Prosthetic Device Benefit			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$750	\$1,000
More than One Device		\$1,500	\$2,000
Medical Appliance Benefit			
Brace		\$75	\$150
Cane		\$75	\$150
Crutches		\$75	\$150
Walker - expected use < 1yr		\$150	\$200
Walker - expected use >=1 yr		\$300	\$400
Walking Boot		\$75	\$150
Wheelchair or motorized scooter - expected use < 1yr		\$200	\$300
Wheelchair or motorized scooter - expected use >=1yr		\$750	\$1,000
Other medical device used for Mobility		\$75	\$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$750	\$1,000

Modification Benefit			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,500
Blood/ Plasma/ Platelets Benefit			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$500
Surgery Benefits			
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500	\$2,000
Surgical Repair – Hernia		\$150	\$200
Surgical Repair – Ruptured Disc		\$750	\$1,500
Surgical Repair – Skin Graft (% of Burn Benefit)		50%	50%
Surgical Repair – Torn Cartilage in Knee		\$750	\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$750	\$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,500	\$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,500	\$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$150	\$200
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400

Accident - Hospital Benefits			
Hospital Admission Benefit			
Admission	1 time per accident; Unlimited times per calendar year	\$1,000	\$1,500
ICU Supplemental Admission (paid in addition to Admission)		\$1,000	\$1,500
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	\$300
ICU Supplemental Confinement (paid in addition to Confinement)		\$200	\$300
Inpatient Rehabilitation Benefit			
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$150	\$200

Other Benefits			
Health Screening Benefit	1 time(s) per calendar year	\$50	\$100
Lodging Benefit	15 day(s) per calendar year	\$100	\$200

Additional Benefits:

Health Screening Benefit:

Paid one time per calendar year.

The screening/prevention measures for which a Health Screening Benefit may be paid are: routine health check-up exam; biopsies for cancer; blood chemistry panel; blood test to determine total cholesterol; blood test to determine triglycerides; bone marrow testing; breast MRI; breast ultrasound; breast sonogram; cancer antigen 15-3 blood test for breast cancer (CA 15-3); cancer antigen 125 blood test for ovarian cancer (CA 125); carcinoembryonic antigen blood test for colon cancer (CEA); carotid doppler; chest x-rays; clinical testicular exam; colonoscopy; complete blood count (CBC); coronavirus testing; dental exam; digital rectal exam (DRE); Doppler screening for cancer; Doppler screening for peripheral vascular disease; echocardiogram; electrocardiogram (EKG); electroencephalogram (EEG); endoscopy; eye exam; fasting blood glucose test; fasting plasma glucose test; flexible sigmoidoscopy; hearing test; hemocult stool specimen; hemoglobin A1C; human papillomavirus (HPV) vaccination; immunization; lipid panel; mammogram; oral cancer screening; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; serum protein electrophoresis; skin cancer biopsy; skin cancer screening; skin exam; stress test on bicycle or treadmill; successful completion of smoking cessation program; tests for sexually transmitted infections (STIs); thermography; two hour post-load plasma glucose test; ultrasounds for cancer detection; ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or virtual colonoscopy.

The Health Screening Benefit is referred to as the Accident Prevention Screening Benefit in some states. If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of the group insurance policy. This does not impact the Health Screening Benefit's availability to your employees, total cost to you or your employees, or the way in which employees access the service. Your total cost reflects the fee for the service and there is no administrative or contractual impact to you.

Organized Sports Activity Injury Benefit Rider:

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident - Medical Treatment and Services, Hospital benefits.

Cancer

Options: \$15,000 or \$30,000

Rates per \$1,000 of Coverage:

Attained Age	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee + Spouse & Child(ren)
<25	\$0.30	\$0.51	\$0.48	\$0.70
25 - 29	\$0.33	\$0.56	\$0.51	\$0.74
30 - 34	\$0.37	\$0.63	\$0.56	\$0.82
35 - 39	\$0.51	\$0.86	\$0.69	\$1.04
40 - 44	\$0.67	\$1.11	\$0.85	\$1.30
45 - 49	\$0.92	\$1.49	\$1.10	\$1.67
50 - 54	\$1.23	\$1.94	\$1.41	\$2.12
55 - 59	\$1.73	\$2.67	\$1.91	\$2.85
60 - 64	\$2.21	\$3.35	\$2.39	\$3.54
65 - 69	\$2.62	\$3.97	\$2.80	\$4.16
70 - 74	\$3.24	\$4.88	\$3.42	\$5.06
75+	\$3.63	\$5.44	\$3.81	\$5.62

Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts.

Coverage:

Covered Conditions	Initial Benefit	Recurrence Benefit
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	100% of Initial Benefit, but not less than \$250

Health Screening Benefit:

Benefit Amount: \$50 Payable if an eligible covered person takes one of the screening/prevention measures listed below.

Times Payable per Calendar Year: 1 time per Employee, 1 time per Spouse/Domestic Partner, 1 time per Dependent Child.

Eligible Screening / Prevention Measures:

Routine Health Check-Up Exam	Fasting Blood Glucose Test
Biopsies For Cancer	Fasting Plasma Glucose Test
Blood Chemistry Panel	Flexible Sigmoidoscopy
Blood Test To Determine Total Cholesterol	Hearing Test
Blood Test To Determine Triglycerides	Hemoccult Stool Specimen
Bone Marrow Testing	Hemoglobin A1c
Breast Mri	Human Papillomavirus (Hpv) Vaccination
Breast Ultrasound	Immunization
Breast Sonogram	Lipid Panel
Cancer Antigen 15-3 Blood Test For Breast Cancer (Ca 15-3)	Mammogram
Cancer Antigen 125 Blood Test For Ovarian Cancer (Ca 125)	Oral Cancer Screening
Carcinoembryonic Antigen Blood Test For Colon Cancer (Cea)	Pap Smears Or Thin Prep Pap Test
Carotid Doppler	Prostate-Specific Antigen (Psa) Test
Chest X-Rays	Serum Cholesterol Test To Determine Ldl And Hdl Levels
Clinical Testicular Exam	Serum Protein Electrophoresis
Colonoscopy	Skin Cancer Biopsy
Complete Blood Count (Cbc)	Skin Cancer Screening
Coronavirus Testing	Skin Exam
Dental Exam	Stress Test On Bicycle Or Treadmill
Digital Rectal Exam (Dre)	Successful Completion Of Smoking Cessation Program
Doppler Screening For Cancer	Tests For Sexually Transmitted Infections (Stis)
Doppler Screening For Peripheral Vascular Disease	Thermography
Echocardiogram	Two-Hour Post-Load Plasma Glucose Test
Electrocardiogram (Ekg)	Ultrasounds For Cancer Detection
Electroencephalogram (Eeg)	Ultrasound Screening Of The Abdominal Aorta For Abdominal Aortic Aneurysms
Endoscopy	Virtual Colonoscopy
Eye Exams	

Critical Illness

Options: \$15,000 or \$30,000

Rates per \$1,000 of Coverage:

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.44	\$0.73	\$0.74	\$1.03
25 - 29	\$0.50	\$0.82	\$0.80	\$1.12
30 - 34	\$0.60	\$0.96	\$0.90	\$1.27
35 - 39	\$0.80	\$1.29	\$1.10	\$1.59
40 - 44	\$1.09	\$1.72	\$1.39	\$2.02
45 - 49	\$1.50	\$2.33	\$1.80	\$2.64
50 - 54	\$2.10	\$3.20	\$2.41	\$3.50
55 - 59	\$2.96	\$4.43	\$3.26	\$4.73
60 - 64	\$3.93	\$5.83	\$4.23	\$6.13
65 - 69	\$4.98	\$7.37	\$5.29	\$7.67
70 - 74	\$6.51	\$9.62	\$6.82	\$9.92
75+	\$8.86	\$13.14	\$9.16	\$13.45

Coverage:

Covered Conditions	Initial Benefit	Recurrence Benefit
Autism Spectrum Disorder Diagnosis	25% of Benefit Amount	NONE
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	100% of Initial Benefit, but not less than \$250
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of Benefit Amount	100% of Initial Benefit
Childhood Cerebral Palsy	100% of Benefit Amount	NONE
Childhood Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Childhood Cystic Fibrosis	100% of Benefit Amount	NONE
Childhood Diabetes (Type 1)	100% of Benefit Amount	NONE
Childhood Down Syndrome	100% of Benefit Amount	NONE
Childhood Sickle Cell Anemia	100% of Benefit Amount	NONE
Childhood Spina Bifida	100% of Benefit Amount	NONE
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	100% of Initial Benefit
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE
Bacterial Cerebrospinal Meningitis *	25% of Benefit Amount	100% of Initial Benefit
COVID-19 *	25% of Benefit Amount	100% of Initial Benefit
Diphtheria *	25% of Benefit Amount	100% of Initial Benefit
Encephalitis *	25% of Benefit Amount	100% of Initial Benefit

Legionnaire's Disease *	25% of Benefit Amount	100% of Initial Benefit
Malaria *	25% of Benefit Amount	100% of Initial Benefit
Necrotizing Fasciitis *	25% of Benefit Amount	100% of Initial Benefit
Osteomyelitis *	25% of Benefit Amount	100% of Initial Benefit
Rabies *	25% of Benefit Amount	NONE
Tetanus *	25% of Benefit Amount	100% of Initial Benefit
Tuberculosis *	25% of Benefit Amount	100% of Initial Benefit
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	100% of Initial Benefit
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
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke	100% of Benefit Amount	100% of Initial Benefit
Transient Ischemic Attack	10% of Benefit Amount	100% of Initial Benefit

* Payable after 3 consecutive days of hospitalization.

Health Screening Benefit:

Benefit Amount: \$50 Payable if an eligible covered person takes one of the screening/prevention measures listed below.

Times Payable per Calendar Year: 1 time per Employee, 1 time per Spouse/Domestic Partner, 1 time per Dependent Child.

Eligible Screening / Prevention Measures:

Routine Health Check-Up Exam	Fasting Blood Glucose Test
Biopsies For Cancer	Fasting Plasma Glucose Test
Blood Chemistry Panel	Flexible Sigmoidoscopy
Blood Test To Determine Total Cholesterol	Hearing Test
Blood Test To Determine Triglycerides	Hemoccult Stool Specimen
Bone Marrow Testing	Hemoglobin A1c
Breast Mri	Human Papillomavirus (Hpv) Vaccination
Breast Ultrasound	Immunization
Breast Sonogram	Lipid Panel
Cancer Antigen 15-3 Blood Test For Breast Cancer (Ca 15-3)	Mammogram
Cancer Antigen 125 Blood Test For Ovarian Cancer (Ca 125)	Oral Cancer Screening
Carcinoembryonic Antigen Blood Test For Colon Cancer (Cea)	Pap Smears Or Thin Prep Pap Test
Carotid Doppler	Prostate-Specific Antigen (Psa) Test
Chest X-Rays	Serum Cholesterol Test To Determine Ldl And Hdl Levels
Clinical Testicular Exam	Serum Protein Electrophoresis
Colonoscopy	Skin Cancer Biopsy
Complete Blood Count (Cbc)	Skin Cancer Screening
Coronavirus Testing	Skin Exam
Dental Exam	Stress Test On Bicycle Or Treadmill
Digital Rectal Exam (Dre)	Successful Completion Of Smoking Cessation Program
Doppler Screening For Cancer	Tests For Sexually Transmitted Infections (Stis)
Doppler Screening For Peripheral Vascular Disease	Thermography
Echocardiogram	Two-Hour Post-Load Plasma Glucose Test
Electrocardiogram (Ekg)	Ultrasounds For Cancer Detection
Electroencephalogram (Eeg)	Ultrasound Screening Of The Abdominal Aorta For Abdominal Aortic Aneurysms
Endoscopy	Virtual Colonoscopy
Eye Exams	

Disability - Short-Term (STD) & Long-Term (LTD)

Rates:

AGE	STD per \$10 of Coverage	LTD per \$100 of Coverage
Group Paid	0.636	0.399
Employee Paid		
< 25	0.987	0.113
25 to 29	1.038	0.140
30 to 34	1.063	0.246
35 to 39	1.040	0.411
40 to 44	1.038	0.649
45 to 49	1.265	0.954
50 to 54	1.569	1.331
55 to 59	1.923	1.585
60 to 64	2.278	1.235
65 to 70	2.733	0.681
> 70	2.733	0.492

Coverage:

	STD	LTD
Weekly Benefit Amount	60%	60%
Maximum Weekly Benefit	\$1,000	\$6,000
Minimum Benefit	Weekly Greater of \$25 & 10%	Monthly \$100
Elimination Period	14 Days	180 Days or until STD Ends.
Benefit Duration	24 Weeks	24 Months or Normal Social Security Retirement Age
Rehabilitation Incentives	Work Incentive Rehabilitation Program Family Care Moving Expense	Work Incentive Rehabilitation Program Family Care Moving Expense

Home & Auto

10% Discount

Insurance for What's Important

The Program offers a wide range of products and services - providing flexibility for your employees to choose what is right for them, including:

- » Auto
- » Renter's
- » Boat
- » Personal Excess Liability
- » Landlord's Rental Dwelling
- » And More!
- » Home
- » Condo
- » Flood
- » RV
- » Bundled Packages

Industry-Leading Features that Give Employees Confidence

- » Replacement Cost for Total Loss
- » Claim-Free Driving Rewards
- » Replacement Cost Coverage on Home
- » Multi-Policy Advantage

Value-Added Services

- » 6,000 Top-Quality Contractors
- » Choice of Contractor
- » Identity Protection Services
- » Towing Coverage
- » & Much More
- » Five-Year Handiwork Warranty
- » Farmers Concierge Auto Repair Experience® (Farmers CARE®)
- » Roadside Assistance
- » Car Rental

Service Employees Can Count On

- » Convenience of One Place for All Coverage
- » Quick & Easy Quotes
- » Claim Professionals Available at Any Time

Implement with Ease

- » Dedicated Implementation Manager
- » Dedicated Communication Specialist
- » Simplified Service

Hospital Indemnity

Rates:

Type	Low Plan	High Plan
Employee Only	9.91	19.43
Employee & Spouse	21.60	42.34
Employee & Children	15.27	29.93
Employee, Spouse & Children	26.96	52.85

Coverage:

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Admission Benefit	4 time(s) per calendar year	Admission	\$500	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	31 days per confinement ICU Supplemental Confinement will pay an additional benefit for 31 of those days	Confinement	\$100	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200
Confinement Benefit for Newborn Nursery Care	3 day(s) per confinement	Confinement Benefit for Newborn Nursery Care	\$100	\$200
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$100	\$200

Identity Protection

Rates:

	Protection		Protection Plus	
	Individual	Family	Individual	Family
Employee Paid	5.85	10.30	8.15	13.30
Group Paid	3.25	5.00	6.25	8.50
Employee Buy Up Options:				
Protection Family	7.05			
Protection Plus Individual	4.90	3.15		
Protection Plus Family	10.05	8.30	7.05	

Coverage:

Financial Fraud Protection	Protection	Protection Plus
Credit Monitoring & Alerts	1 Bureau	3 Bureaus
Credit Reports	1 Bureau	3 Bureaus
Credit Score Tracker	YES	YES
In-Platform Credit Dispute	YES	YES
Credit, Bank & Account Freeze Assistance	YES	YES
Home Title Monitoring	YES	YES
Vehicle Title Monitoring	YES	YES
Financial Account Opening & Takeover Monitoring	YES	YES
AI-Powered Financial Transaction Monitoring	YES	YES
Tax Fraud Prevention Assistance	YES	YES
High-Risk Transaction Alerts	YES	YES
Utility Account Monitoring	YES	YES
Payday/Specialty Loans Block	NO	YES
Credit Lock	NO	YES
Credit Score Simulator	NO	YES
Identity Theft Protection	Protection	Protection Plus
Privacy Assistant (Automated Data Broker Removal)	YES	YES
Dark Web Monitoring	YES	YES
Digital Vault	YES	YES
SSN & Identity Authentication Alerts	YES	YES
Criminal, Court & Public Record Monitoring	YES	YES
USPS Address Monitoring	YES	YES
Social Media Monitoring	YES	YES
Social Media Privacy Checkup	NO	YES
Gamertag Monitoring	NO	YES
Privacy & Device Protection	Protection	Protection Plus
Password Manager	YES	YES
Automated Password Change	YES	YES
Email Alias	YES	YES
Safe Web Browsing	YES	YES
IP Address Monitoring	YES	YES
WiFi Security (VPN)	2 Devices	Unlimited Devices
Antivirus	2 Devices	Unlimited Devices
AI-Powered Call Assistant	NO	YES
AI-Powered Text Assistant	NO	YES
Mobile Phone Takeover Protection	NO	YES

Family Safety (included with Family Plans)	Protection	Protection Plus
Parental Controls	YES	YES
Child Cyberbullying Protection	YES	YES
3-Bureau Child Credit Freeze Wizard	YES	YES
Child SSN Monitoring & Alerts	YES	YES
Sex Offender Geo Alerts	YES	YES
Family Sharing	YES	YES
Safe Gaming	YES	YES
Services & Support	Protection	Protection Plus
\$5M Insurance Policy per Enrolled Adult	YES	YES
Lost Wallet Protection with \$500 Emergency Cash	YES	YES
100% US-Based 24/7 Customer Support	YES	YES
White-Glove Fraud Resolution Services	YES	YES
Restoration Services for Pre-Existing Fraud Events	YES	YES
Unemployment & Tax Fraud Resolution	YES	YES
All-In-One Mobile App (iOS & Android)	YES	YES
Online Resolution Tracker	YES	YES
Aura Account Security	YES	YES

Legal

Rate: \$18.75 per employee per month (Covers Spouse & Dependents)

Network: 22 Average Years of Experience, Network Size:

Coverage:

Money Matters

- » Debt Collection Defense
- » Personal Bankruptcy
- » Financial Wellness Programs
- » Promissory Notes
- » Identity Theft Defense
- » Tax Audit Representation
- » Creditor Negotiations
- » Tax Collection Defense

Home & Real Estate

- » Boundary & Title Disputes
- » Mortgages
- » Security Deposit Assistance
- » Deeds
- » Property Tax Assessments
- » Tenant Negotiations
- » Eviction Defense
- » Refinancing & Home Loan
- » Zoning Applications
- » Foreclosure
- » Home Sale or Purchase

Estate Planning

- » Codicils
- » Powers of Attorney
- » Complex Wills
- » Revocable & Irrevocable Trusts
- » Healthcare Proxies
- » Simple Wills
- » Living Wills

Family & Personal

- » Adoption
- » Divorce (20 hours)
- » Juvenile Court Defense
- » Personal Properties Issues
- » Affidavits
- » Garnishment Defense
- » Name Change
- » Prenuptial Agreement
- » Conservatorship
- » Guardianship
- » Parental Responsibility
- » Domestic Violence Protection
- » Demand Letters
- » Immigration Assistance
- » School Hearings
- » Legal Document Review

Civil Lawsuits

- » Administrative Hearings
- » Incompetency Defense
- » Civil Litigation Defense
- » Pet Liabilities
- » Consumer Goods & Services Disputes
- » Small Claims Assistance

Elder-Care Issues

Consultation & Document Review for Issues Related to Parents:

- » Deeds
- » Notes
- » Wills
- » Leases
- » Nursing Home Agreements
- » Medicaid
- » Powers of Attorney
- » Medicare
- » Prescription Plans

Traffic & Other Matters

- » Defense of Traffic Tickets
- » Driving Privileges Restoration
- » Habeas Corpus
- » Repossession

Medical Transportation

Rates:

	Employee	Family
Plus	7.00	15.00
Premier	9.00	20.50

Coverage:

	Plus	Premier
Emergency Ground Ambulance Coverage	YES	YES
Emergency Air Ambulance Coverage	YES	YES
Hospital to Hospital Ambulance Coverage	YES	YES
Repatriation to Hospital Near Home Coverage	YES	YES
Post Admission Continued Care Transportation Coverage	NO	YES
Sick While Away from Home Expense Protection	NO	YES
Minor Return Transportation Coverage	NO	YES
Pet Return Transportation Coverage	NO	YES

Pet Insurance

- » **78%** of pet parents consider their pets to be their children.
- » **\$800 - \$1,500** average cost of an emergency vet visit for a dog.
- » **1 in 3** employees say pet insurance is a must-have benefit.

MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by helping them cover the cost of care for a sick or injured pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members, helping to give members confidence that they can care for their pets like family.

Pet parents will put their furry family members' well-being before their own:

- » **83%** of pet parents say they is no limit on what they'd spend to make sure their pet is happy and healthy.
- » **84%** of pet parents say the costs related to pet ownership have risen.
- » **62%** of pet parents are concerned about their pet developing illnesses because they might not be able to afford the cost of their pet's health over time.

More Coverage & Value

- » Competitive rates with discounts, and the only provider offering family plans (i.e., multiple pets covered by one policy).
- » Healthy pet incentive where employee's deductible decreases for each year without a claim.
- » We cover all vet-recommended medications, surgeries and treatments.

More Choice & Flexibility

- » No breed exclusions or upper age limits.
- » A wider range of deductible and reimbursement options than other carriers, giving pet parents maximum flexibility to choose the right plan.
- » Optional wellness coverage (preventive care) included in annual limit to cover flea and tick medications, teeth cleaning, blood work and more.

Simple & Delightful Experience

- » MetLife Pet mobile app with market leading features to help employees manage their pet's health and wellness and submit and track claims with most claims processed within five days.
- » Team of pet advocates to assist with enrollment and access to 24/7 live vet chat.
- » No waiting period for orthopedic coverage and among the industry's shortest wait period for accident and illness coverage.

Top-Quality Service & Simplified Enrollment

- » Caring and knowledgeable pet advocates to assist with enrollment and service.
- » An easy-to-use, personalized mobile app to submit and track claims.
- » Hassle-free claims experience with most claims processed within 5 days.

Coverage:

Enrollment Experience	
Covers All Breeds & Ages	YES
No Initial Exam/Past Vet Notes Required	YES
No Cancellation Fee	YES
Accident Coverage Starts at Midnight	YES
No Annual Care Requirements to Keep Coverage	YES
No Neuter/Spay Requirement	YES
Benefits & Limits	
No Schedule of Benefits	YES
No Lifetime Limit	YES
No Per-Incident Limit	YES
Optional Wellness Coverage (Preventive Care)	Included in Annual Limit
No Diagnostic Test Limit	YES
No Customary Charge Restrictions	YES
Healthy Pet Incentive	\$50
Automatic Annual Limit Increase	YES
Core Coverage	
Exam Fee Coverage	YES
Telemedicine Visit Coverage	YES
Prescription Food Coverage	YES
Hereditary Conditions	YES
Congenital Conditions	YES
Chronic Conditions	YES
No Waiting Period for Orthopedic Conditions	YES
Physical Therapy	YES
Crucial Repair	YES
Bi-Lateral Conditions	YES
Holistic/Alternative Therapy	YES
Periodontal Diseases	YES
Vaccinatable Diseases	YES
Dermatological Conditions	YES
Injuries Caused by Housemates	YES
Aging Pet Ear & Eye Conditions	YES
Value Adds	
Telehealth Concierge Service	YES
Boarding Fees While You're Hospitalized (When human is hospitalized for at least 48 hours)	YES
Loss Due to Theft or Straying	YES
Cremation Benefits	YES
Burial Benefits	YES
Mortality Benefit	YES
Grief Counseling Upon Death of Pet	YES

Flexible Savings Account

- » Includes Debit Card for Participant (MasterCard)
- » No Charge for Lost Card Replacement
- » Option for Free Additional Spouse/Dependent Cards
- » Online Participant Portal Access
- » Smartphone Mobile App for iPhone & Android
- » Online FSA Store Account with Integrated Access & Discounts
- » Includes Section 125 Premium Only Plan Document & Non-Discrimination Testing
- » Oklahoma Based Customer Service Team

DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)

OPEH&W HealthPlan
Making Healthy Cheaper

A DCAP PLAN IS AN EMPLOYER-SPONSORED BENEFIT THAT HELPS EMPLOYEES PAY FOR THE CARE OF A QUALIFIED DEPENDENT. EACH PAY PERIOD, THE EMPLOYEE MAKES A PRE-TAX CONTRIBUTION TO THE DCAP ACCOUNT. AFTER PAYING FOR CARE AND FILING A CLAIM, THE EMPLOYEE RECEIVES REIMBURSEMENT FROM THE DCAP.

QUALIFIED DEPENDENTS:

- ★ A DEPENDENT WHO IS 12 YEARS OLD OR YOUNGER (& LIVES WITH THE EMPLOYEE)
- ★ A SPOUSE OR OTHER IRS-RECOGNIZED DEPENDENT WHO IS PHYSICALLY OR MENTALLY UNABLE TO PROVIDE SELF-CARE

USE YOUR DCAP TO PAY FOR THE FOLLOWING:

(NOT ALL ELIGIBLE ITEMS ARE LISTED)

- ★ DAYCARE
- ★ PRE-SCHOOL
- ★ PRE-KINDERGARTEN
- ★ BEFORE AND AFTER SCHOOL CARE (EXTENDED DAY)
- ★ SUMMER DAY CAMPS (OVERNIGHT CAMP DOES NOT QUALIFY)
- ★ ADULT/ELDERLY CARE PROGRAMS
- ★ BABYSITTING DURING WORK AND/OR COLLEGE HOURS
- ★ SICK CHILD CARE
- ★ DEPOSITS FOR CHILD CARE

ANNUAL CONTRIBUTION LIMITS:

\$5,000 FOR EMPLOYEES FILING SINGLE/HEAD OF HOUSEHOLD OR MARRIED JOINT
\$2,500 FOR EMPLOYEES FILING MARRIED SEPARATE



flexplan
ADMINISTRATORS, INC.

918-524-6350

flexsupport@flexplanadmin.com

www.flexplanadmin.com



Flexible Spending Account (FSA)

A Flexible Spending Account allows employees to set-aside money from each paycheck, before payroll taxes are calculated, to help pay for eligible medical expenses for themselves and their dependents.



FSA Contribution Limits

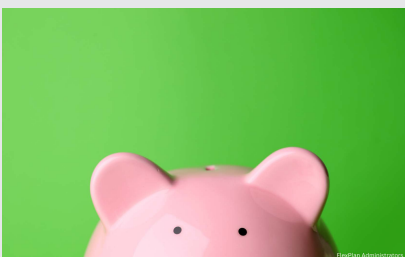
Per year, participants may elect to set aside a maximum of **\$3,300**

Tax Savings

The average FSA participant saves between 30-40% on the amount set aside pre-tax. (including Federal, State, and Local income taxes and Social Security/Medicare deductions)

Flexibility for end of plan year!

- **\$660 Carryover** – Any unused funds, up to a maximum of \$660 can be carried over from one plan year to the next



Uniform Coverage Rule

FSA participants can access the full amount of their annual contribution from the first day of the plan year. For example, if you elect \$1,300, and soon after the plan year begins you incur a \$1,300 medical bill, you can use all of your elected FSA funds to cover the expense, even though you haven't paid in all of the contributions yet. Throughout the rest of the plan year, deductions will still be taken at the same rate from each paycheck. However, your available FSA balance will be zero once all the funds are spent.

Eligible Expenses

Visit www.flexplanadmin.com for a interactive list resource. Eligible expenses include, medical, dental, vision, prescription, over-the-counter medications and other related expenses.

flexplan
ADMINISTRATORS, INC.

918-524-6350
flexsupport@flexplanadmin.com
www.flexplanadmin.com

FSA Eligible Health Care Expenses

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor. ***If prescribed for a particular ailment or medical condition; provider letter required.**

Acupuncture	Eye examinations and eyeglasses	Physical exams
Alcoholism treatment	Home health and/or hospice care	Physical therapy
Allergy shots and testing	Hospital services	Psychiatric care (<i>psychologists, psychotherapists</i>)
Ambulance (<i>ground or air</i>)	Insulin	Radial keratotomy
Artificial limbs	Laboratory fees	Schools (<i>special, relief, or handicapped</i>)
Blind services and equipment	LASIK eye surgery	Sexual dysfunction treatment
Car controls for handicapped*	Medical alert (<i>bracelet, necklace</i>)	Smoking cessation programs
Chiropractor services	Medical monitoring and testing devices*	Surgical fees
Coinsurance and deductibles	Nursing services	Television or telephone for the hearing impaired
Contact lenses	Obstetrical expenses	Therapy treatments*
Crutches, wheelchairs, walkers	Occlusal guards	Transportation (<i>essentially and primarily for medical care; limits apply</i>)
Dental treatment	Operations and surgeries (<i>legal</i>)	Vaccinations
Dentures	Optometrists	Vitamins*
Diagnostic tests	Orthodontia	Weight loss programs*
Doctor's fees	Orthopedic services	X-rays
Drug addiction treatment & facilities	Osteopaths	
Drugs (<i>prescription</i>)	Oxygen/oxygen equipment	

Important Notice About Over-the-Counter (OTC) Medications

With passage of the Coronavirus Aid, Relief and Economic Security Act (CARES Act) in March 2020, OTC medications are once again eligible for purchase with FSA/HSA funds without the need for a prescription. In addition, menstrual care products are now also eligible for purchase with FSA/HSA funds without the need for a prescription. You can use either your debit card to purchase these items or submit the purchase receipt for reimbursement.

FSA/HSA Eligible OTC Medications and Products

Acne medications & treatments	Contact lens solution	Laxatives
Allergy & sinus, cold, flu & cough remedies	Contraceptives (<i>condoms, gels, foams, suppositories, etc.</i>)	Medicated bandaids & dressings
Antacids & acid controllers	CPAP equipment & supplies	Menstrual care products
Antibiotic & antiseptic sprays, creams & ointments	Diabetic testing supplies/equipment	Motion sickness remedies
Anti-diarrheals	Durable medical equipment (<i>power chairs, walkers, wheelchairs, etc.</i>)	Nicotine patches and other smoking cessation aids
Anti-fungals	Eczema & psoriasis remedies	OTC varieties of Insulin
Anti-gas & stomach remedies	Eye drops, ear drops, nasal sprays	Pain relievers (<i>aspirin, ibuprofen, acetaminophen, naproxen, etc.</i>)
Anti-itch & insect bite remedies	First aid kits	Personal protection equipment (PPE)
Anti-parasitics	Hemorrhoidal preparations	Reading glasses
Digestive aids	Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)	Sleep aids & sedatives
Baby care (<i>diaper rash ointments, teething gel, rehydration fluids, etc.</i>)	Hydrogen peroxide, rubbing alcohol	Wart removal remedies, corn patches
Bandages and bandaids		
Breast pumps for nursing mothers		
Braces & supports		

All OTC items listed are examples.

These items are commonly mistaken as eligible but do not meet the requirements:

Cosmetic surgery and procedures	Health programs, health clubs and gyms	Teeth whitening
Cosmetic dental procedures (incl. teeth whitening, vitamins and supplements)	Insurance premiums (not reimbursable under FSA)	Vitamins & supplements without prescription

