

MetLife's Critical Illness plan supplements existing medical coverage and helps provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose

# **Benefit Options**

**\$15,000** or **\$30,000** 

## **Covered Conditions & Benefits**

See next page for details.

## Monthly Rates (per \$1,000)

Attained Age	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Younger than 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
Older than 74	\$8.86	\$13.14	<b>\$9.16</b>	\$13.45

















### Covered Conditions & Renefits

Covered Conditions	& penetits	
Covered Conditions	Initial Benefit	Recurrence Benefit
Autism Spectrum Disorder Diagnosis	25% of Benefit Amount	NONE
Benign Brain Tumor	100% of Benefit Amount	<b>100</b> % of Initial Benefit
Invasive Cancer	100% of Benefit Amount	<b>100</b> % of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	<b>100</b> % of Initial Benefit
Skin Cancer	<b>5</b> % of Benefit Amount	100% of Initial Benefit
	(Not less than \$250)	(Not less than \$250)
Coronary Artery Bypass Graft (CABG)	<b>50</b> % of Benefit Amount	<b>100</b> % of Initial Benefit
Where surgery involving either a median sternotomy		
or minimally invasive procedure is performed.	4000/ (D G: A	
Childhood Cerebral Palsy	<b>100</b> % of Benefit Amount	None
Childhood Cleft Lip or Cleft Palate	<b>100</b> % of Benefit Amount	None
Childhood Cystic Fibrosis	100% of Benefit Amount	None
Childhood Diabetes (Type 1)	100% of Benefit Amount	None
Childhood Down Syndrome	<b>100</b> % of Benefit Amount	None
Childhood Sickle Cell Anemia	<b>100</b> % of Benefit Amount	None
Childhood Spina Bifida	<b>100</b> % of Benefit Amount	None
Coma	<b>100</b> % of Benefit Amount	<b>100</b> % of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	<b>100</b> % of Benefit Amount	None
Paralysis of 2 or more limbs	<b>100</b> % of Benefit Amount	<b>100</b> % of Initial Benefit
Heart Attack	<b>100</b> % of Benefit Amount	<b>100</b> % of Initial Benefit
Sudden Cardiac Arrest	<b>50</b> % of Benefit Amount	None
Bacterial Cerebrospinal Meningitis *	<b>25</b> % of Benefit Amount	<b>100</b> % of Initial Benefit
COVID-19 *	25% of Benefit Amount	<b>100</b> % of Initial Benefit
Diphtheria *	25% of Benefit Amount	<b>100</b> % of Initial Benefit
Encephalitis *	25% of Benefit Amount	<b>100</b> % of Initial Benefit
Legionnaire's Disease *	<b>25</b> % of Benefit Amount	<b>100</b> % of Initial Benefit
Malaria *	<b>25</b> % of Benefit Amount	<b>100</b> % of Initial Benefit
Necrotizing Fasciitis *	25% of Benefit Amount	<b>100</b> % of Initial Benefit
Osteomyelitis *	25% of Benefit Amount	<b>100</b> % of Initial Benefit
Rabies *	25% of Benefit Amount	None
Tetanus *	25% of Benefit Amount	<b>100</b> % of Initial Benefit
Tuberculosis *	25% of Benefit Amount	<b>100</b> % of Initial Benefit
Kidney Failure	<b>100</b> % of Benefit Amount	<b>100</b> % of Initial Benefit
Major Organ Transplant	<b>100</b> % of Benefit Amount	<b>100</b> % of Initial Benefit
For bone marrow, heart, lung, pancreas, and liver		
ALS	<b>100</b> % of Benefit Amount	None
Alzheimer's Disease	<b>100</b> % of Benefit Amount	None
Multiple Sclerosis	<b>100</b> % of Benefit Amount	None
Muscular Dystrophy	<b>100</b> % of Benefit Amount	None
Parkinson's Disease (Advanced)	<b>100</b> % of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	<b>100</b> % of Benefit Amount	None
Severe Burn	<b>100</b> % of Benefit Amount	<b>100</b> % of Initial Benefit
Stroke	<b>100</b> % of Benefit Amount	<b>100</b> % of Initial Benefit

\* Payable after 3 consecutive days of hospitalization.

#### **Health Screening Benefit:**

Transient Ischemic Attack

\$50 Payable if an eligible covered person takes one of the screening/prevention measures listed below. 1 time per Calendar Year per Covered Person.

**10**% of Benefit Amount

Eligible Screening / Prevention Measures: 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 TestfFor 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 Exams

Fasting Blood Glucose Test Fasting Plasma Glucose Test

Flexible Sigmoidoscopy Hearing Test

Hemoccult Stool Specimen

Hemoglobin A1c

Human Papillomavirus (HPV) Vaccination

Immunization Lipid Panel Mammogram

Oral Cancer Screening

PAP Smears or Thin Prep PAPTest Prostate-Specific Antigen (PSA) Test

Serum Cholesterol Test to Determine LDL & HDL Levels

100% of Initial Benefit

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 (STI's)

Thermography
Two-Hour Post-Load Plasma Glucose Test

Ultrasounds for Cancer Detection

Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms

Virtual Colonoscopy