

 **MetLife** | Hospital Indemnity Insurance

## VAN BUREN PUBLIC SCHOOLS



<b>Plan Design<sup>3</sup></b>	
<b>Coverage Type</b>	Hospitalization Reason – Accident: 24 Hour coverage Hospitalization Reason – Sickness: 24 Hour Coverage
<b>Benefit Amount</b>	Employees will have a choice of selecting coverage between two options: Low or High on a guaranteed issue. Benefits are based on flat schedule amount that varies depending on plan.
<b>Underwriting Offer</b>	Guaranteed Issue
<b>Waiting Period for Sickness - Hospital Admission and Confinement Benefits</b>	None
<b>Pre-Existing Condition Limitation</b>	Not Included.
<b>Complications of Pregnancy</b>	Complications of pregnancy and emergency Cesarean section are covered.
<b>Routine Childbirth<sup>5</sup></b>	Routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section are covered.
<b>Elimination Period for Routine Childbirth</b>	Not Included.
<b>Mental Illness</b>	Treatment for mental illness is not covered.
<b>Drugs &amp; Alcohol</b>	Treatment for alcoholism and drug addiction in a hospital is not covered. Injury or illness resulting from drug misuse, alcohol taken in combination with drugs, or driving under the influence is not covered.
<b>Benefit Reduction Due to Age</b>	Not Included.
<b>Portability (continuation of insurance with premium payment)<sup>7</sup></b>	“Portability” is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class) may continue their coverage on a MetLife direct-billed basis.

<sup>3</sup> Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife’s guidelines, group size, underwriting and state requirements.

<sup>4</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>7</sup> Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

## Covered Benefits

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

Hospital Benefits				
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Admission Benefit	4 time(s) per calendar year <sup>1</sup>	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	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement <sup>4</sup>	\$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	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care <sup>4</sup>	\$25	\$50
Other Benefits				
Health Screening Benefit	1 time(s) per calendar year per covered person	Health Screening	\$50	\$50

<sup>1</sup> If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

<sup>4</sup> If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

<sup>5</sup> Payable for the period of newborn confinement for a newborn child who is not sick or injured.

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### Other Benefits

<b>Health Screening Benefit</b>	<p>Paid one time per calendar year.</p> <p>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.</p> <p>The Health Screening Benefit is not available in all states.</p>
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### Healthcare Navigation Services

<b>Healthcare Navigation Services</b> – added at no additional cost to you or your employees	<p>As an added benefit your employees will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.</p>
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<b>MetLife Advantages<sup>SM</sup></b> – Services or Discounts added at no additional cost to you or your employees	<p><b>Will Preparation Services<sup>1</sup></b> As an added benefit your employees will have access to MetLife’s online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.</p> <p><b>MetLife VisionAccess<sup>2</sup></b> As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice. .</p> <p><b>Funeral Discount and Planning Services<sup>3</sup></b> As an added benefit your employees will have access to funeral discounts and planning services. Through Dignity Memorial, employees and family members will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.</p>
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## GROUP HOSPITAL INDEMNITY INSURANCE EXCLUSIONS AND LIMITATIONS

### PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, Connecticut, Louisiana, Minnesota, Mississippi, Montana, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Texas, Utah, Vermont, Washington, West Virginia, and Wisconsin.

### How to read this section:

Exclusions appear in **bold font**. Applicable state variations are noted in *italics*.

**We will not pay benefits for any loss due to an Accident or Sickness for a covered person caused or contributed to by any of the following:**

*IL: deleted the words "or contributed to"*

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed
  - alcohol in combination with any drug, medication, or sedative
  - poison, gas, or fumes
- the covered person's suicide or attempted suicide (while sane or insane)
- the covered person's intentionally self-inflicted injury
- war, whether declared or undeclared; or act of war
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act if such participation constitutes the commission of a felony or other willful criminal activity.
- the covered person's commission or attempt to commit a felony or to which a contributing cause was being engaged in an illegal occupation or other willful criminal activity
- dental procedures or surgery except as the result of an Accident causing Injury to a sound natural tooth
- cosmetic surgery, except when such surgery is performed to:
  - treat an Injury or Sickness;
  - correct a disorder of normal bodily function or structure that was caused by an Injury or Sickness for which coverage is not otherwise excluded under the certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury or Sickness for which coverage is not otherwise excluded under the certificate
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a Physician; or
  - an "over the counter" drug, medication or sedative taken as directed

- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority

In addition, We will not pay benefits for:

- a covered person while incarcerated in any type of penal or detention facility
- any of the following outside of the United States, Canada or Mexico:
  - any medical or healthcare treatment, services or transportation; or
  - any inpatient admission or stay in any medical or health care facility

The following additional exclusions apply to payment of benefits for any loss due to an Accident:

We will not pay benefits for any loss due to an Accident for a covered person caused or contributed to by any of the following:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment for the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running

The following additional exclusions apply to payment of benefits for any loss due to a Sickness:

We will not pay benefits under the certificate for:

- a dependent child's routine pregnancy or routine childbirth and any well baby or nursing care provided to the dependent child's newborn child
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof

**General Disclaimer:**

*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 is 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.*

*Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC or by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.*

**Metropolitan Life Insurance Company**

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