



Dental Insurance

	In-Network	Out-of-Network
Deductible (Individual/family) <i>(excludes orthodontia services)</i>	\$50/\$150	\$50/\$150
	<i>Deductible applies to all services excluding preventive services.</i>	
Calendar-year annual maximum <i>(excludes orthodontia services)</i>	\$1,000	\$1,000
Preventive Services		
Routine oral examinations 2 times in 1 calendar year	100% no deductible	100% no deductible
Bitewing x-rays For a child under 14: 1 time in 12 months Adult: 1 time in 12 months	100% no deductible	100% no deductible
Prophylaxis: Cleanings 2 times in 1 calendar year	100% no deductible	100% no deductible
Fluoride treatment 1 time in 1 calendar year for a dependent child under age 15	100% no deductible	100% no deductible
Sealants 1 per molar in lifetime for a child under age 15	100% no deductible	100% no deductible
Space maintainers 1 per lifetime for a child under age 15	100% no deductible	100% no deductible
Basic Services		
Full Mouth X-Rays Once in 60 months	80% after deductible	80% after deductible
Amalgam Fillings 1 replacement per surface in 24 Months	80% after deductible	80% after deductible
Prefabricated Crowns 1 per tooth in 10 calendar years	80% after deductible	80% after deductible
Labs & Other Tests	80% after deductible	80% after deductible
Emergency Palliative Treatment	80% after deductible	80% after deductible
Periapical X-Rays	80% after deductible	80% after deductible
Other X-Rays	80% after deductible	80% after deductible
Oral Surgery: Simple Extractions	80% after deductible	80% after deductible
Oral Surgery: Surgical Extractions	80% after deductible	80% after deductible
Other Oral Surgery	80% after deductible	80% after deductible
General Services	80% after deductible	80% after deductible
Harmful Habit Appliances	80% after deductible	80% after deductible



	In-Network	Out-of-Network
Major Services		
Consultations 1 in 12 months	50% after deductible	50% after deductible
Root Canal 1 per tooth per lifetime	50% after deductible	50% after deductible
Periodontal Surgery per quadrant in any 36 month period	50% after deductible	50% after deductible
Scaling & Root Planing per quadrant in any 24 month period	50% after deductible	50% after deductible
Crown Buildups / Post Core 1 per tooth in 10 calendar years	50% after deductible	50% after deductible
Repairs 1 in 12 months	50% after deductible	50% after deductible
Recementations 1 in 12 months	50% after deductible	50% after deductible
Dentures 1 in 10 calendar years	50% after deductible	50% after deductible
Immediate Temporary Dentures -Complete/Partial 1 replacement in 12 months	50% after deductible	50% after deductible
Dentures – Rebases / Relines 1 in 36 months	50% after deductible	50% after deductible
Denture Adjustments 1 in 12 months	50% after deductible	50% after deductible
Fixed Bridges 1 in 10 calendar years	50% after deductible	50% after deductible
Inlays / Onlays /Crowns 1 replacement per tooth in 10 calendar years	50% after deductible	50% after deductible
Implant Services 1 per tooth position in 10 calendar years	50% after deductible	50% after deductible
Implant Repairs 1 per tooth in 10 calendar years	50% after deductible	50% after deductible
Implant Supported Prosthetic 1 per tooth in 10 calendar years	50% after deductible	50% after deductible
Tissue Conditioning 1 in 36 months	50% after deductible	50% after deductible
Occlusal Adjustments 1 in 12 months	50% after deductible	50% after deductible
General Anesthesia	50% after deductible	50% after deductible
Pulpotomy	50% after deductible	50% after deductible
Pulp Capping	50% after deductible	50% after deductible
Pulp Therapy	50% after deductible	50% after deductible
Apexification & Recalcification	50% after deductible	50% after deductible
Periodontal Surgery – Soft & Connective Tissue Grafts	50% after deductible	50% after deductible
Periodontics – Non-Surgical	50% after deductible	50% after deductible
Orthodontia services		
Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services up to: \$1,000 lifetime orthodontia maximum.		

Vision Insurance

Exam	IN-NETWORK provider (Member cost)	OUT-OF-NETWORK provider (Reimbursement)
Eye Exam with Dilation as Necessary	\$10	Up to \$35
Standard Contact Lens Fit/Follow-Up ¹	Member pays discounted fee of up to \$40	Not Covered
Premium Contact Lens Fit/Follow-Up ¹	Member pays 90% of retail	Not Covered
Eyeglass Lenses / Lens options		
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Standard Plastic Single Vision Lenses	\$15	\$25 Reimbursement
Standard Plastic Bifocal Vision Lenses	\$15	\$40 Reimbursement
Standard Plastic Trifocal Vision Lenses	\$15	\$60 Reimbursement
Standard Plastic Lenticular Vision Lenses	\$15	\$60 Reimbursement
Standard Progressive Vision Lenses (copay includes bifocal cost)	\$80	\$40 Reimbursement
Standard	\$45	Not Covered
Premium Progressive Vision Lenses ²	20% Discount off retail minus \$120 plan allowance plus \$80 copay = member out-of-pocket	\$40 Reimbursement
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid And Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	\$0 Copay	\$15 Reimbursement
Standard Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered
Standard Polycarbonate Lenses-Children To Age 19	\$0 Copay	\$35 Reimbursement
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Polarized And Other Lens Add Ons	Member pays 80% of retail	Not Covered
Contact Lenses (contact lens allowance includes materials only)		
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Conventional Contact Lenses	\$150 Allowance** Additional 15% off balance over allowance	\$110 allowance
Disposable Contact Lenses	\$150 allowance	\$110 allowance
Medically Necessary Contact Lenses	\$0 Copay	\$225 allowance
Frames		
Use your frame coverage once every rolling 24 months		
Any Frame available, including frames for prescription sunglasses	\$125 Allowance** Additional 20% off balance over allowance	\$65 Reimbursement
Frame	Once every 24 months	Once every 24 months

In Network Discounts

Additional pairs of eyeglasses or prescription sunglasses ³	Up to a 40% Discount
Non-covered items ⁴	20% Discount
Lasik Laser vision correction or PRK from U.S. Laser Network ⁵ only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price
Hearing Discounts ⁶ Hearing Care Solutions 1-866-344-7756 Amplifon Hearing Health Care 1-877-301-0840	Save on hearing aids, exams, batteries, repairs and more
Retinal Imaging ⁷	Member pays a discounted fee up to \$39

Partial list of Exclusions and Limitations

Exclusions and limitations for vision include: any charges in excess of the benefits, dollar or supply limits listed above; special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses. Other exclusions and limitations may also apply.

*Out of network coverage is available. To receive reimbursement up to the amounts listed above, a claim form with itemized receipt is required. Reimbursement will not exceed the providers actual charge. Claim forms can be found at aetnavision.com or by calling customer service Monday through Sunday at 877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111. Enrolled members can access our secure member website once their plan becomes effective. Enrolled subscribers will receive a welcome packet with ID card mailed to their home within 15 business days after enrollment is processed.

**Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

- 1 Contact lens fit and two follow-up visits are allowed once a comprehensive eye exam has been completed.
- 2 Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions.
- 3 Additional pair discount applies to purchases made after the plan allowances have been exhausted. Discounts are not insurance.
- 4 Non covered discounts may not be available in all states.
- 5 Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.
- 6 Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO).
- 7 Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

Vision insurance plans are underwritten by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice. All trademarks and logos are the intellectual property of their respective owners. For more information about Aetna plans, go to aetna.com.

Hospital Indemnity Insurance

Plan Description

MetLife Hospital Indemnity Insurance can supplement existing medical coverage and help 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.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amount
Admission Benefit	2 time(s) per calendar year	Admission	\$1,000
Confinement Benefit	31 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 31 of those days	Confinement ¹	\$150
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$200
<i>Ancillary Confinement Benefit for Childbirth</i>	2 day(s) per routine delivery	Ancillary Confinement Benefit for Childbirth	\$150
	4 day(s) per caesarean delivery	(Paid if other Confinement Benefits are exhausted)	
Newborn Confinement Benefit	2 day(s) per routine delivery	<i>Newborn Confinement</i> ²	\$50
	4 day(s) per caesarean delivery		\$50
Maternity Follow-Up	3 times per childbirth	Maternity Follow-Up	\$50
Pre-existing Condition Exclusion	12/12		

Pre-existing Condition Exclusion

Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the effective date of coverage.

For a condition to have been pre-existing:

- A doctor must have advised, diagnosed, or treated the covered employee, or
- Symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.

We will not pay benefits for any disability resulting from or affected by a pre-existing condition if the disability was diagnosed within the 12-month period after the effective date of coverage.

We will not reduce or deny a claim for benefits for any disability due to a pre-existing condition that was diagnosed more than 12-months after the effective date of coverage.

1 If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

2 The period of newborn confinement, immediately following the child's birth.

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

Accident Insurance

Plan Description

MetLife Accident Insurance can supplement existing medical coverage and help 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.

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

Covered Insureds	Available for all family members Spouses-only and Child-only coverage is not available
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Benefit	Benefit Limit	Employee	Spouse	Child
ACCIDENTAL DEATH BENEFITS CATEGORY				
Basic Accidental Death		\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier		\$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	\$1,000	\$1,000	\$1,000
Loss of one arm or one leg		\$15,000	\$15,000	\$15,000
Loss of one hand or one foot		\$15,000	\$15,000	\$15,000
Loss of two or more fingers or toes		\$2,000	\$2,000	\$2,000
Loss of sight in one eye		\$15,000	\$15,000	\$15,000
Loss of hearing in one ear		\$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	\$40,000	\$40,000	\$40,000
Loss of both hands or both feet or one hand and one foot		\$40,000	\$40,000	\$40,000
Loss of sight in both eyes		\$40,000	\$40,000	\$40,000
Loss of hearing in both ears		\$40,000	\$40,000	\$40,000
Loss of ability to speak		\$40,000	\$40,000	\$40,000

Paralysis Benefit				
Two Limbs (paraplegia or hemiplegia)	N/A	\$20,000	\$20,000	\$20,000
Four Limbs (quadriplegia)		\$40,000	\$40,000	\$40,000

Benefit	Benefit Limit	All Covered Persons
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ACCIDENTAL INJURY BENEFITS CATEGORY

Basic Dismemberment/Functional Loss Benefit		
Face or Nose (except mandible or maxilla)	N/A	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$5,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,500
Lower Jaw, Mandible (except alveolar process)		\$1,000
Upper Jaw, Maxilla (except alveolar process)		\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,000
Rib		\$1,000
Finger, Toe		\$200

ACCIDENTAL INJURY BENEFITS CATEGORY - Continued

Vertebrae, Body of (excluding vertebral processes)		\$2,000
Vertebral Process		\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,000
Hip, Thigh (femur)		\$5,000
Coccyx		\$750
Leg (tibia and/or fibula)	N/A	\$2,000
Kneecap (patella)		\$750
Ankle		\$750
Foot (except toes)		\$750
Chip Fracture		25%
Fracture Benefit (Open)		
Face or Nose (except mandible or maxilla)		\$4,000
Skull Fracture - depressed (except bones of face or nose)		\$10,000
Skull Fracture - non depressed (except bones of face or nose)		\$5,000
Lower Jaw, Mandible (except alveolar process)		\$2,000
Upper Jaw, Maxilla (except alveolar process)		\$4,000
Upper Arm between Elbow and Shoulder (humerus)		\$4,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$2,000
Rib	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
Finger, Toe		\$400
Vertebrae, Body of (excluding vertebral processes)		\$4,000
Vertebral Process		\$1,500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$4,000
Hip, Thigh (femur)		\$10,000
Coccyx		\$1,500
Leg (tibia and/or fibula)		\$4,000
Kneecap (patella)		\$1,500
Ankle		\$1,500
Foot (except toes)		\$1,500
Chip Fracture		25%
Dislocation Benefit (Closed)		
Lower Jaw		\$10,000
Collarbone (sternoclavicular)		\$30,000
Collarbone (acromioclavicular and separation)		\$10,000
Shoulder (glenohumeral)		\$30,000
Rib		\$10,000
Elbow		\$30,000
Wrist	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.	\$10,000
Bone or Bones of the Hand (other than fingers)		\$30,000
Hip		\$10,000
Knee (except patella)		\$30,000
Ankle - Bone or bones of the Foot (other than toes)		\$10,000
One Toe or Finger		\$30,000
Partial Dislocation		\$10,000

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



Benefit	Benefit Limit	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	\$400
Air Ambulance Benefit		
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,250
Emergency Care Benefit		
Emergency Room	1 time(s) per accident; Unlimited time(s) per calendar year	\$200
Physician's Office		\$100
Urgent Care		\$100
Non-Emergency Initial Care Benefit		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$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	\$200
Physician Follow-Up Benefit		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$100
Transportation Benefit		
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$400
Therapy Services Benefit		
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$50
Chiropractic Therapy		\$50
Cognitive Behavioral Therapy		\$50
Occupational Therapy		\$50
Physical Therapy		\$50
Respiratory therapy		\$50
Speech Therapy		\$50
Vocational Therapy		\$50
Pain Benefit		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$100
Prosthetic Device Benefit		
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000
More than One Device		\$2,000

Medical Appliance Benefit		
Brace		\$150
Cane		\$150
Crutches		\$150
Walker - expected use < 1yr		\$200
Walker - expected use >=1 yr		\$400
Walking Boot		\$150
Wheel chair or motorized scooter - expected use < 1yr		\$300
Wheel chair or motorized scooter - expected use >=1yr		\$1,000
Other medical device used for Mobility		\$150
Wheel chair or motorized scooter - expected use >=1yr		\$1,000
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,000
Modification Benefit		
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
Blood/ Plasma/ Platelets Benefit		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$500
Surgery Benefits		
Surgical Repair – Cranial		\$2,000
Surgical Repair – Hernia		\$200
Surgical Repair – Ruptured Disc		\$1,500
Surgical Repair – Skin Graft Benefit		50%
Surgical Repair – Torn Cartilage in Knee	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$200
Blood/ Plasma/ Platelets Benefit		
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$400
Benefit	Benefit Limit	All Covered Persons
ACCIDENT – HOSPITAL BENEFITS CATEGORY		
Hospital Admission Benefit		
Admission	1 time per accident;	\$1,500
ICU Supplemental Admission (paid in addition to Admission)	Unlimited times per calendar year	\$1,500
Inpatient Rehabilitation Benefit		
Confinement	15 days per accident. Payable after the first day of admission.	\$300
ICU Supplemental Confinement (paid in addition to Confinement)	ICU Supplemental Confinement will pay an additional benefit for 15 of those days	\$300
ACCIDENT – HOSPITAL BENEFITS CATEGORY		
Health Screening Benefit	1 time(s) per calendar year	\$50
Lodging Benefit	15 day(s) per calendar year	\$200

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 25 miles from the insured's primary residence.

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

Critical Illness Insurance

Plan Description

MetLife Critical Illness Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Plan Design – Covered Conditions		
Covered Conditions	Initial Benefit	Recurrence Benefit
Initial Benefit means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.		
Recurrence Benefit means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.		
Inpatient Rehabilitation Benefit		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
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	NONE
Cardiovascular Disease Category		
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
Kidney Failure (End-Stage Renal Failure)	100% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
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
Functional Loss Category		
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
Functional Loss Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	NONE

Please Request a sample policy for full benefit provisions and descriptions.

Plan Design – Covered Conditions		
Covered Conditions	Initial Benefit	Recurrence Benefit
Infectious Disease Category		
For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 90 consecutive days.		
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
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant Category		
Major Organ Transplant For bone marrow, heart, lung, pancreas, and liver	100% of Benefit Amount	NONE
Occupational Exposure Category		
Occupational HIV	100% of Benefit Amount	NONE
Progressive Disease Category		
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 Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit

Please Request a sample policy for full benefit provisions and descriptions.

Lifetime Benefit Term Life Insurance

Product Features

- Valuable life insurance protection through age 120!
- LifeTime Benefit Term life insurance up to \$250,000 for eligible actively at work employees.
- Life base insurance premiums are guaranteed never to increase through age 100.
- No medical exams required. Issuance of coverage depends upon answers to a few health questions.
- Provides paid-up death benefit values after only ten years, so if you decide to stop paying premiums at some time in the future, you are guaranteed paid-up coverage of a reduced amount.
- Flexible! You have the option to: Continue your coverage at the same premium; or Elect paid-up insurance coverage of a reduced amount after 10 years with no further premium payments—Guaranteed!
- Fully portable – you own it and take it with you when you leave your employment.
- Spouse and child coverage is available.
- Based on current interest rate assumptions the death benefit is designed to remain level through age 120 and fully paid up at age 100. In the event of a long term decline in interest rates, your coverage does contain a guarantee ensuring that the initial death benefit will last for the longer of 25 years or to age 70 and thereafter can never be less than 50% of your initial death benefit

Issue Limits

Guaranteed Issue Eligibility- Defined Benefit*

Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$100,000

Child Term Rider Coverage: Issue ages 15 days to 25 years; 25 units

Child Certificate Coverage: Issue ages 15 days to 25 years; \$25,000

Conditional Guaranteed Issue Eligibility- Defined Benefit*

Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$150,000

Spouse Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$75,000

Simplified Eligibility - Defined Benefit

Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$250,000

Spouse Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$125,000

Employee Coverage: Issue Ages 71 - 80; Maximum amount allowed is \$50,000

The maximum amount of coverage for any one life is limited to the SI maximum limits above even when multiple products are made available.

Dependent Child Coverage and Eligibility

Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both:

- Dependent Child Optional Benefit Rider:
- Available on a Guarantee Issue basis.

Exception: when a child rider is added to an existing employee or spouse LBT contract and the child is not newly eligible, the child is added on a Simplified Issue basis – see below* .

Dependent Child Individual LBT Certificate:

Available on a Guarantee Issue basis only at the Employee's initial eligibility period.

Employees applying for coverage on a child AFTER their initial eligibility period, may apply for coverage on a Simplified Issue basis – see below*.

Exception: when an Employee adds a newborn child (new step child or newly adopted child) after their initial eligibility period, they may apply for coverage on a Guarantee Issue basis.

**The Employee must answer all the required health questions on the child proposed for coverage on page one and two of the enrollment form which Chubb's Administrative Office will review to determine if the coverage applied for can be issued.*

Overview of Included Benefit Rider

Accelerated Death Benefit Rider for Terminal Illness: Automatically included at no cost. Allows an accelerated payment of 50% of the death benefit not to exceed \$100,000 if the insured's death is diagnosed to occur within a 12 month period.

Overview of Optional Benefit Riders

(Not all riders are available in all states. See certificate for full explanation and description of terms and benefits.)

Dependent Children Term Rider: Issue ages from 15 days to age 25. One premium covers all eligible children – natural, step, adopted or any under legal guardianship. Coverage lasts to age 26 and may be converted up to 5 times the term amount. Maximum initial term amount is \$25,000.

Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both: Dependent Child Optional Benefit Rider OR Dependent Child Individual LBT Certificate

*Applies to employee enrollment only during initial eligibility for this coverage

Waiver of Premium Rider: Available only to employees. Issue ages from 20–55. Waives the base premium and all rider premiums after the 6th month of disability if the insured becomes totally disabled prior to age 60.

Payor Waiver of Premium Rider: Operates on the same basis as the Waiver of Premium, but waives premiums for any individual certificate of coverage on a spouse or child contract if the payor becomes totally disabled.

Accelerated Death Benefit for Long Term Care (LTC) Rider:

This is a plan sponsor determined benefit rider and, if selected, will be added to all certificates. This rider may be added only to employee or spouse contracts. Issue ages are 19–80 for employees and 19-70 for spouses. The insured must be certified as being chronically ill (unable to perform 2 out of 6 activities of daily living or be cognitively impaired) and be confined to a nursing home or assisted living facility, or be receiving home health care or adult day care. The accelerated LTC benefit is 4% of the current death benefit amount payable each month for up to 25 months. If death occurs prior to the end of the 25 month period, the remaining amount is paid as a death benefit.

Inclusion of the Accelerated Death Benefit for Long Term Care Benefit is determined by the Employer and, if selected, will be inclusive on all Employee certificates.

Restoration of Your Death Benefit

Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While inforce, this rider restores your life coverage to not less than 50% of the death benefit, up to a maximum of \$50,000, on which your LTC benefits were based. This rider assures there will be a death benefit available for your beneficiary up to your insured's age 121.

Rider is not available in the state of Virginia.

Short-Term Disability Insurance

Plan Description

The plan provides for payment of a monthly disability benefit when you are disabled and unable to work due to an injury or sickness. Benefit payments begin after any applicable elimination period is satisfied and continue during disability, up to the disability benefit period.

Plan Features

Benefit Amounts	\$400 to \$6,000
Guaranteed Issue Amounts	Monthly benefit of up to \$3,000
Maximum Income Replacement	60% of the employee's base annual pay (up to 40% in states with state disability benefits)
Pre-existing Condition Exclusion	12/12
Waiver of Premium	Not Included
Eligibility	Employee must work at least 19 hours per week with a base annual pay of at least \$9,000.
Portability	Standard Portability (An employee's coverage may be continued when eligibility or employment ends. Coverage will end on the date the group plan is terminated.)
Issue Ages	Employee: 18-74
Termination Age	Terminates at age 75

Benefits

Benefit Duration	3 Months
Elimination Period	14/14 Days

Total Disability Benefit

This benefit pays the monthly benefit when a covered employee is totally disabled and unable to work due to sickness or injury. Benefits begin following the expiration of an applicable elimination period.

Total Disability Benefits will end when:

- The employee is cleared by the doctor and returns to his full-time job, or
- The employee earns 80% or more of pre-disability income working at any job, or
- The employee reaches the end of the total disability benefit period.

Partial Disability Benefit

This benefit pays 50% of the monthly benefit when a covered employee is partially disabled and returns to work earning less than 80% of base income due to sickness or injury. Benefits begin following the expiration of an applicable elimination period.

Partial Disability Benefits will end when:

- The employee is cleared by the doctor and returns to his full-time job, or
- The employee earns 80% or more of pre-disability income working at any job, or
- The employee reaches the end of the partial disability benefit period, a maximum of 3 months.

The Partial Disability Benefit has its own benefit period; it is not subject to the Total Disability Benefit Period. The employee may be eligible for the Partial Disability Benefit even if he has not received the Total Disability Benefit.

Pre-existing Condition Limitation

Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the effective date of coverage.

For a condition to have been pre-existing:

- A doctor must have advised, diagnosed, or treated the covered employee, or
- Symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.

We will not pay benefits for any disability resulting from or affected by a pre-existing condition if the disability was diagnosed within the 12-month period after the effective date of coverage.

We will not reduce or deny a claim for benefits for any disability due to a pre-existing condition that was diagnosed more than 12-months after the effective date of coverage.