

GIS Benefits VB Program – Hospital Indemnity

Help protect employees from the strain of unexpected costs.

- Guaranteed Issue coverage¹
- No pre-existing condition exclusion
- No age limitations² on coverage for employee or spouse/domestic partner³



Some medical plans – particularly high deductible health plans – may not cover all expenses. Hospital Indemnity insurance can help ease the financial impact of hospital admission,⁴ inpatient rehabilitation,⁵ hospital stays, and other related costs your employees and eligible family members may incur.

Employee Paid Offer

Rates and plan design are valid from September 1, 2022 through December 1, 2023

Hospital Benefits⁶

Benefit Limits (Applies to Subcategory)		LOW PLAN	HIGH PLAN
Admission Benefits			
Admission Benefit ⁷	1 time(s) per calendar year	\$500	\$750
ICU Supplemental Admission (Benefit paid concurrently with the Admission Benefit when a Covered Person is admitted to ICU)		\$1000	\$2000
Confinement Benefit ⁸	31 days per calendar year	\$100	\$200
ICU Supplemental Confinement (Benefit paid concurrently with the Confinement Benefit when a Covered Person is admitted to ICU)	ICU Supplemental Confinement will pay an additional benefit for 15 of those days	\$100	\$300
Newborn Confinement Benefit ⁹	2 day(s) per confinement	\$25	\$50
Inpatient Rehabilitation Benefit ^{*5} (For Injury or Sickness)	15 days per calendar year	\$100	\$200
Other Benefits			
Health Screening Benefit ¹⁰	1 time(s) per calendar year per covered person	\$50	\$50

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

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

Limitations:

Benefit Reduction Due to Age

A benefit payable with respect to a covered person will be reduced as described in the table below, based on the covered person's attained age.

Attained Age	REDUCTION AMOUNT
65 to 69	Any benefit payable will be reduced by 25% if the covered person's attained age is 65 to 69.
70 or older	Any benefit payable will be reduced by 50% if the covered person's attained age is 70 or older.

Proposed Rates

Type	LOW PLAN	HIGH PLAN
	Proposed Monthly (12) Rates	
Employee	\$17.98	\$31.96
Employee + Spouse	\$36.99	\$65.83
Employee + Children	\$28.21	\$50.02
Employee + Spouse and Children	\$47.21	\$83.90

* Note: Final implemented rates may vary slightly due to rounding.

1. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
2. There are benefit reductions that begin at age 65.
3. Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
4. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
5. Inpatient Rehabilitation Unit Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.
6. Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
7. The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate.
8. If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.
9. The period of newborn confinement, immediately following the child's birth.
10. The Health Screening Benefit is not available in all states.

If CO is an ET state, then Hospital Indemnity may be referred to as Accident and Sickness Insurance in Colorado. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

Contact a GIS Benefits Sales Consultant to learn more.

Call us at [xxx-xxx-xxxx] or email [XXXX]

1) Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;
- well-baby

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- the covered person's voluntary use, by any means, of:
 - any intoxicant or narcotic, 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 narcotic;
- a covered person's suicide or attempted suicide;
- 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;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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 this 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 this 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;
- any of the following services or treatment received 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.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- 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.

2) When your insurance ends. Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

3) Continuation of insurance. If Your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

4) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

5) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

The situs state (PA) OOC form number is GOC16-HI.

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“*Products*”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (*each an “Intermediary”*). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.


The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

L0622023530[exp0823][All States][DC, GU, MP, PR, VI]



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 | 200 Park Avenue | New York, NY 10166

www.metlife.com

L1222027733[exp1224][All States][DC, GU, MP, PR, VI]

© 2023 MetLife Services and Solutions, LLC.

