



## Why Cancer Insurance matters

When cancer affects your family, Cancer Insurance<sup>1</sup> may support your needs when it matters most.

Experts recommend that families have 3–6 months of living expenses set aside to help in an emergency.<sup>2</sup> Many people aren't prepared to handle extra costs, so having financial support when the time comes may mean less worry for you and your family.

Even if you have medical and disability insurance, you still may have expenses not covered by insurance. Disability income may only replace a portion of your pre-disability income, and medical insurance can possibly leave you with some extra expenses, such as deductibles, co-pays, or extra costs for out-of-network care or for alternative treatments. Following a verified cancer diagnosis,<sup>1</sup> your first priority should be getting better — not worrying about lost income or everyday living expenses.

While you can't always prevent cancer, Cancer Insurance is there to help make life a little easier.

**A cancer diagnosis can happen to anyone, at any time, so it is important to be prepared.**

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## Help pay for anything you may need, such as:

- Mortgage or rent payments
- Utilities
- Car payments
- Credit card bills or other debts
- Groceries
- Childcare expenses

## Cancer Insurance

Coverage to help pay for unexpected expenses associated with a verified cancer diagnosis, such as those that may not be covered under your medical plan.



## Help complete your healthcare coverage with Cancer Insurance.

Financial support when you need it most.

- Specialist co-pays
- Prescriptions
- Airfare and hotel

## Supplement your healthcare coverage with MetLife Cancer Insurance.

<b>Benefit overview</b>	Lump sum policy that pays a cash benefit to help cover costs associated with a cancer diagnosis. <sup>1</sup>
<b>Why needed</b>	Pay for whatever you need, such as expenses that may not be covered by your main medical plan(s). For example: co-pays, deductibles, childcare, mortgage, groceries and experimental treatments.
<b>Coverage options</b>	First diagnosis benefit: \$2,500 or \$5,000 per covered person <sup>6</sup>
<b>Who is covered</b>	You can enroll both yourself and eligible family members. <sup>3</sup> All you need to do is enroll during your enrollment period and be actively at work. <sup>4</sup>
<b>Covered services</b>	Benefits for initial diagnosis, Lump-sum benefit, Benefits for radiation/chemotherapy treatment, Benefits for self-administered drugs
<b>Guaranteed coverage</b>	You and your family members are guaranteed <sup>4</sup> coverage as long as you are actively at work. There are no medical exams to take and no health questions to answer.

To learn more call Bay Bridge Administrators at **800-845-7519**, Monday – Friday 8am to 5pm CST

## Cancer Insurance

Coverage to help pay for unexpected expenses associated with a verified cancer diagnosis, such as those that may not be covered under your medical plan.



### Q. How does the payment work?

**A. We make payments directly to you.** The amount you receive will be in addition to any other insurance you might have, and you can spend it however you like. You might use it to help pay for medical plan deductibles and co-pays, for out-of-network care, or even for your family's everyday living expenses. Whatever you need while recovering, cancer insurance is there to make life a little easier.

### Q. Am I eligible to enroll for this coverage?

**A. Yes, you can enroll both yourself and your eligible family members.**<sup>4</sup> All you need to do is enroll during the enrollment period.

### Q. Can I enroll for this coverage without having to take a medical exam?

**A. Yes. Your cancer coverage is guaranteed,**<sup>4</sup> regardless of your health. You just need to be actively at work to be covered. There are no medical exams to take and no health questions to answer, so the whole process might be easier than you first thought.

### Q. If my employment status changes, can I take my coverage with me?

**A. Yes. This coverage is portable, meaning you can take it wherever you go.** Your coverage will only **end if** you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.<sup>5</sup>

### Q. How much will it cost?

**A. Cancer insurance may cost less than you think.** It's designed to be a way to supplement your healthcare and disability plans. Exact rates can be found in the enrollment materials provided by your employer.

### Q. How do I pay for my coverage?

**A. You pay premiums through payroll deductions,** so you never have to worry about writing a check or missing payments.

### Q. Are benefits paid directly to me or my healthcare provider?

**A. Payments will be paid directly to you,** not to the doctors, to the hospitals or to any other healthcare providers; the check is made payable to you. There's no need to coordinate the benefit payments with any other insurance you may have.

### Q. I have a medical plan at work, so why do I need cancer insurance?

**A. One of the hardest parts of managing an illness like cancer is providing the support and comfort your family needs beyond the cost of care.**

Even the best medical and disability income plans can leave you with extra expenses to pay or with services that just aren't covered, such as deductibles, co-pays, extra costs for out-of-network care, or extra costs for non-covered services. And if you're out of work because of a disability, it might be that only a portion of your pre-disability income is being paid to you. Many people aren't prepared to handle these extra costs, so having this extra financial support when the time comes may mean less worry for you and your family.



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## Group Cancer Insurance Rate Quote - Monthly Rates

### Base Policy

Coverage Tier	Low Plan	Mid Plan	High Plan
Employee	\$14.35	\$19.35	\$28.81
Employee + Spouse	\$29.87	\$39.93	\$59.67
Employee + Child(ren)	\$19.33	\$26.32	\$38.74
Family	\$34.85	\$46.91	\$69.59

### Variable Benefit Elections

Benefit	Low Plan	Mid Plan	High Plan
Hospital Confinement	\$100 per day	\$100 per day	\$200 per day
Surgical	up to \$1,500	up to \$1,500	up to \$3,000
Radiation/Chemotherapy/ Immunotherapy	\$200 per day	\$500 per day	\$2,500 per month
First Diagnosis <sup>1</sup>	\$2,500	\$2,500	\$5,000
Colony Stimulating Factors	\$500 per month	\$500 per month	\$1,000 per month
Wellness <sup>2</sup>	\$50 per year	\$75 per year	\$100 per year

### Optional Intensive Care Rider\*

Coverage Tier	\$325 per day	\$425 per day	\$525 per day
Employee	\$2.63	\$3.44	\$4.26
Employee + Spouse	\$5.59	\$7.30	\$9.02
Employee + Child(ren)	\$4.23	\$5.53	\$6.83
Family	\$7.18	\$9.39	\$11.60

\*Rider chosen at employee level vs. employer level - rates are independent of base plan option

1. First Diagnosis Benefit is referred to as Cancer / Specified Disease Diagnosis in the following states IL, MS, PA and SD.  
2. Wellness benefit is not available in MI and MN. Wellness is referred to as Health Screening in NH

1. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount.
2. Goldberg M. How much should you have in savings at each age? <https://www.bankrate.com/retirement/how-much-do-you-need-in-savings-retirement-emergency-fund/>. Published May 7, 2021. Accessed June 2021.
3. Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
4. 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.
5. Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.
6. First Diagnosis Benefit is referred to as Cancer / Specified Disease Diagnosis in the following states IL, MS, PA and SD

METLIFE'S CANCER AND SPECIFIED DISEASE EXPENSE INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. The Policy pays benefits only for diagnoses, treatment and services resulting from Cancer or Specified Diseases, as defined in the Policy. Product features and availability may vary by state. In most plans, there is a pre-existing condition exclusion. Prior hospital confinement may be required to receive certain benefits. There may be benefit reductions due to age. 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 GP18-BB-SD or contact Bay Bridge Administrators. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Cancer and Specified Disease Expense Insurance is pending regulatory approval.  
INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

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, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of Products in force through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period; (5) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar 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, 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 Web site at [www.metlife.com/brokercompensation](http://www.metlife.com/brokercompensation). Questions regarding Intermediary compensation can be directed to [ask4met@metlifeservice.com](mailto: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.

Underwritten by:  
**Metropolitan Life Insurance Company**

Administered by:



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