

Cancer Insurance

Schertz-Cibolo-Universal City ISD

Benefits that may help cover costs that may not be covered by your medical plan.

Cancer Insurance Benefits¹

| Eligible Individual | Benefit Amount | Requirements |
|--|---|---|
| Coverage Options | | |
| Employee | \$15,000 or \$30,000 | Coverage is guaranteed provided you are actively at work. ³ |
| Spouse/Domestic Partner² | 100% of the Employee's Initial Benefit | Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³ |
| Dependent Child(ren)⁴ | 50% of the Employee's Initial Benefit | Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ⁵ |

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a covered cancer. Your plan also pays a lump-sum **Recurrence Benefit⁵** for a subsequent verified diagnosis of the same cancer as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same cancer. There is a Benefit Suspension Period that applies.

This Cancer Insurance coverage provides a lump sum benefit for:

- ✓ Invasive Cancer—Covers advanced forms of cancer.
- ✓ Non-Invasive Cancer—Covers most forms of early-stage cancers.
- ✓ Skin Cancer—Covers most malignant growths that arise on the surface of the skin.

Please refer to the table below for the percentage benefit payable for each covered cancer.

| Covered Conditions* | Initial Benefit | Recurrence Benefit |
|------------------------|---|--------------------------------|
| Cancer Category | | |
| Invasive Cancer | 100% of Benefit Amount | 100% of Initial Benefit Amount |
| Non-Invasive Cancer | 25% of Benefit Amount | 100% of Initial Benefit Amount |
| Skin Cancer | 5% of Benefit Amount, but not less than \$250 | None |

| Supplemental Benefits | | |
|--|----------------|---------------------------------|
| Health Screening Benefit ⁶ | Benefit Amount | Health Screening Benefit Amount |
| Payable if an eligible covered person takes one of the screening/prevention measures listed below. | \$15,000 | \$50 |
| | \$30,000 | \$100 |



Cancer Insurance

Times Payable per Calendar Year

- 1 time per Employee
- 1 time per spouse/domestic partner
- 1 time per Dependent Child

| Supplemental Benefits | |
|---|--|
| Eligible Screening/Prevention Measures | |
| routine health check-up exam | fasting blood glucose test |
| Biopsies for cancer | fasting plasma glucose test |
| Blood chemistry panel | Flexible sigmoidoscopy |
| Blood test to determine total cholesterol | Hearing test |
| Blood test to determine triglycerides | Hemoccult stool specimen |
| Bone marrow testing | Hemoglobin A1C |
| Breast MRI | Human papillomavirus (HPV) vaccination |
| Breast ultrasound | Immunization |
| Breast sonogram | Lipid panel |
| Cancer antigen 15-3 blood test for breast cancer (CA 15-3) | mammogram |
| Cancer antigen 125-3 blood test for ovarian cancer (CA-125) | Oral cancer screening |
| Carcinoembryonic antigen blood test for colon cancer (CEA) | Pap smears or thin prep test |
| Carotid Doppler | Prostate-specific antigen (PSA) test |
| Chest x-rays | serum cholesterol test to determine LDL and HDL levels |
| Clinical testicular exam | Serum protein electrophoresis |
| Colonoscopy | Skin cancer biopsy |
| Complete blood count (CBC) | Skin cancer screening |
| Coronavirus testing | Skin exam |
| Dental exam | Stress test on bicycle |
| Digital rectal exam (DRE) | Successful completion of smoking cessation program |
| Doppler screening for cancer | Tests for sexually transmitted infections (STI's) |
| Doppler screening for peripheral vascular disease | Thermography |
| Echocardiogram | Two-hour post-load plasma glucose test |
| Echocardiogram (EKG) | Ultrasounds for cancer detection |
| Electroencephalogram (EEG) | Ultrasound screening of the abdominal aorta for abdominal aorta -aneurysms |
| endoscopy | Virtual colonoscopy |
| Eye exams | |
| Waver of Premium | If an employee is under age 70 and becomes disabled continuously for 90 days, MetLife will waive the premiums due for the employee and any dependents for 2 years. Proof of disability must be submitted during the 90-day period that follows the 90th day of continuous disability. Please contact MetLife for the definition of Disabled or Disability. |
| Transportation Benefits | Payable for a covered person's travel to and from a treatment center for treatment of a covered condition, subject to the requirements in the certificate. We will pay \$0.50 per mile up to \$1,500 per round trip and \$5,000 per Calendar year. |

Cancer Insurance

Second Opinion Benefit

Payable if a covered person receives a second opinion at an evaluation center for a covered condition, subject to the requirements in the certificate.
We will pay \$500 per evaluation and an additional \$250 if the evaluation center is more than 100 miles from the covered person's primary residence.
Payable for up to 5 second opinions per covered person.

* Notes Regarding Covered Cancers

MetLife will not pay a benefit for a covered cancer that is diagnosed prior to the coverage effective date. Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.

Health Screening Benefit MetLife will provide an annual benefit of \$50 - \$100 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$15,000.

| Illness – Covered Condition | Payment |
|---|--|
| Invasive Cancer (leukemia) – first verified diagnosis | Initial Benefit payment of \$15,000 or 100%. |
| Full Benefit Cancer (leukemia) – second verified diagnosis, three years later | Recurrence Benefit payment of \$15,000 or 100% |

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific cancers. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

Monthly (12) Premium Rates

Uni-Tobacco

Premium per \$1,000 of Coverage

| Attained Age | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Spouse and Child(ren) |
|--------------|---------------|-------------------|-----------------------|----------------------------------|
| <25 | \$0.34 | \$0.68 | \$0.55 | \$0.89 |
| 25 - 29 | \$0.38 | \$0.74 | \$0.59 | \$0.95 |
| 30 - 34 | \$0.43 | \$0.84 | \$0.65 | \$1.05 |
| 35 - 39 | \$0.52 | \$0.96 | \$0.73 | \$1.18 |
| 40 - 44 | \$0.65 | \$1.20 | \$0.87 | \$1.41 |
| 45 - 49 | \$0.85 | \$1.56 | \$1.06 | \$1.78 |
| 50 - 54 | \$1.12 | \$2.15 | \$1.33 | \$2.37 |
| 55 - 59 | \$1.43 | \$2.91 | \$1.64 | \$3.12 |
| 60 - 64 | \$1.87 | \$3.95 | \$2.08 | \$4.16 |
| 65 - 69 | \$2.57 | \$5.60 | \$2.78 | \$5.81 |
| 70 - 74 | \$3.11 | \$6.88 | \$3.32 | \$7.09 |
| 75+ | \$3.61 | \$8.10 | \$3.82 | \$8.31 |

Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.



Cancer Insurance

Questions & Answers

Q. Who is eligible to enroll for this cancer coverage?

A. You are eligible to enroll yourself and your eligible family members!⁷ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my cancer coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.⁸ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?**A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: mybenefits.metlife.com.**

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. Individuals covered under a NY certificate receive a Skin Cancer benefit. For NH residents, there is an initial benefit of \$100 for All Other Cancer. MetLife will not pay a benefit for a covered cancer that is diagnosed prior to the coverage effective date.

² Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

³ 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. MetLife will not pay a benefit for a covered cancer that is diagnosed prior to the coverage effective date.

⁴ Dependent Child coverage varies by state. Please contact MetLife for more information.

⁵ Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

⁶ The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit."

⁷ Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

⁸ 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.

The MetLife Cancer Insurance plan is based on the MetLife Critical Illness Insurance (CII) policy. MetLife Cancer Insurance includes only the Cancer Covered Conditions.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.