

Critical Illness Insurance

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.

Bastrop Independent School District

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	\$10,000, \$20,000, \$30,000, \$40,000 or \$50,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse/Domestic Partner²	50% 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. ¹
Dependent Child(ren)³	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. ¹

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum Recurrence Benefit⁴ for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Autism Spectrum Disorder Category		
Autism Spectrum Disorder payable for a covered person (adult or child) for a diagnosis of any severity	\$3,000	NONE
Benign Tumor Category		
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	100% of Initial Benefit, but not less than \$250
Coronary Artery Disease Category		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	25% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	50% of Benefit Amount	NONE



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Cleft Lip or Cleft Palate	50% of Benefit Amount	NONE
Cystic Fibrosis	50% of Benefit Amount	NONE
Diabetes (Type 1)	50% of Benefit Amount	NONE
Down Syndrome	50% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	50% 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	100% of Initial Benefit
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	NONE
Infectious Disease Category		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
Diphtheria	25% of Benefit Amount	100% of Initial Benefit
Encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire's Disease	25% of Benefit Amount	100% of Initial Benefit
Malaria	25% of Benefit Amount	100% of Initial Benefit
Necrotizing Fasciitis	25% of Benefit Amount	100% of Initial Benefit
Osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	100% of Initial Benefit
Tuberculosis	25% of Benefit Amount	100% of Initial Benefit
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	100% of Initial Benefit
Progressive Disease Category		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	25% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% 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
Transient Ischemic Attack	10% of Benefit Amount	100% of Initial Benefit

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* Notes Regarding Covered Conditions

- MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.
- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
 - Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
 - Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
 - Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
 - Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
 - Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
 - Stroke – In certain states, the Covered Condition is Severe Stroke.
 - The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
 - Coma
 - Loss of: Ability to Speak; Hearing; or Sight
 - Paralysis
 - Severe Burn

Health Screening Benefit

MetLife will provide an annual benefit of \$200 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in all states.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$50,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of \$50,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of \$50,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of \$50,000 or 100%

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. 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.

Semi-Monthly Rates

Employee – Non-Tobacco					
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Under 30	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00
30 - 39	\$3.05	\$6.10	\$9.15	\$12.20	\$15.25
40 - 49	\$4.80	\$9.60	\$14.40	\$19.20	\$24.00
50 - 59	\$7.50	\$15.00	\$22.50	\$30.00	\$37.50
60+	\$11.25	\$22.50	\$33.75	\$45.00	\$56.25

Spouse – Non-Tobacco					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Under 30	\$1.78	\$3.55	\$5.33	\$7.10	\$8.88
30 - 39	\$2.08	\$4.15	\$6.23	\$8.30	\$10.38
40 - 49	\$2.88	\$5.75	\$8.63	\$11.50	\$14.38
50 - 59	\$4.70	\$9.40	\$14.10	\$18.80	\$23.50
60+	\$7.33	\$14.65	\$21.98	\$29.30	\$36.63

Employee – Tobacco					
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Under 30	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00
30 - 39	\$4.05	\$8.10	\$12.15	\$16.20	\$20.25
40 - 49	\$7.40	\$14.80	\$22.20	\$29.60	\$37.00
50 - 59	\$12.35	\$24.70	\$37.05	\$49.40	\$61.75
60+	\$19.15	\$38.30	\$57.45	\$76.60	\$95.75

Spouse – Tobacco					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Under 30	\$1.98	\$3.95	\$5.93	\$7.90	\$9.88
30 - 39	\$2.48	\$4.95	\$7.43	\$9.90	\$12.38
40 - 49	\$3.98	\$7.95	\$11.93	\$15.90	\$19.88
50 - 59	\$7.28	\$14.55	\$21.83	\$29.10	\$36.38
60+	\$12.03	\$24.05	\$36.08	\$48.10	\$60.13