

**IMPORTANT: This is a fixed indemnity policy,  
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

• Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.

- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## Hospital Plan Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.



**Enrollment Period: 9/1 to 9/30**

## Hospital Indemnity Insurance Benefits

With MetLife's Hospital Indemnity Insurance, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") which provide benefit payments for covered events regardless of any other insurance payments you may receive. Here are just some of the covered benefits/services<sup>B</sup>, when an accident or illness puts you in the hospital.<sup>A</sup>

## Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.<sup>C</sup>

| Subcategory                                        | Benefit Limits (applies to subcategory)                                                                                  | Benefit                                                                                                                                     | Low Plan | High Plan |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>Hospital Benefits</b>                           |                                                                                                                          |                                                                                                                                             |          |           |
| Admission Benefit                                  | 4 time(s) per calendar year <sup>1</sup>                                                                                 | Admission <sup>1</sup>                                                                                                                      | \$1,500  | \$2,500   |
|                                                    | Payable for sickness/injury or a healthy newborn child                                                                   | Intensive Care Unit (ICU) Supplemental Admission (Benefits paid concurrently with Admission Benefit when Covered Person is admitted to ICU) | \$1,500  | \$2,500   |
| Confinement Benefit                                | 31 days per confinement <sup>3</sup><br>ICU Supplemental Confinement will pay an additional benefit for 31 of those days | Confinement <sup>2</sup>                                                                                                                    | \$100    | \$200     |
|                                                    | Payable for sickness/injury or a healthy newborn child.                                                                  | ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)              | \$100    | \$200     |
| Inpatient Rehabilitation Unit Benefit <sup>4</sup> | 15 days per calendar year                                                                                                | Inpatient Rehabilitation [for Injury or Sickness]                                                                                           | \$100    | \$200     |
| Observation Unit Benefit                           | 4 time(s) per calendar year                                                                                              | Observation Unit Benefit                                                                                                                    | \$500    | \$500     |

<sup>1</sup> The Admission Benefit for residents of CT and ID will be increased to \$825/\$1,650 for plan design(s) Low/High and \$850/\$1,725 for plan design(s) Low/High, respectively, because some benefits in this plan design are not available. See the Schedule of benefits in the CT and ID certificate. 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 for details.

<sup>2</sup> When the plan pays an Admission Benefit, the Confinement Benefit may begin to pay on Day 2.

<sup>3</sup> The Newborn Confinement Period Begins Immediately following the child's birth.

<sup>4</sup> Benefit(s) that requires prior Admission or Confinement (HI16 only). Inpatient Rehabilitation Unit Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.

## Benefit Payment Example for High Plan

The example below assumes Susan sought treatment at a group policyholder-designated facility and is therefore eligible for additional payment under the Benefit Supplement Rider.

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in



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the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can help cover these unexpected costs or in any other way Susan sees fit.

| Covered Benefit                                                | High Benefit Amount |
|----------------------------------------------------------------|---------------------|
| Regular Hospital Admission (1x)                                | \$2,500             |
| ICU Supplemental Admission (1x)                                | \$2,500             |
| Regular Hospital Confinement (3 total days)                    | \$600               |
| ICU Supplemental Confinement (1 day)                           | \$200               |
| Benefits paid by MetLife<br>Group Hospital Indemnity Insurance | \$2,800             |

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

## Questions & Answers

### Q. How do I enroll?

A. Enroll for coverage at [Home | Ysleta ISD](#).

### Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. **You are eligible to enroll yourself and your eligible family members.** <sup>D</sup> You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

### Q. How do I pay for my Hospital Indemnity 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.** 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 cancels the group policy and offers you similar coverage with a different insurance carrier. <sup>E</sup>

### Q. What is the coverage effective date?

A. **The coverage effective date is 01/01/2027.**

### Q. Who do I call for assistance?

A. **Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388)** and talk with a benefits consultant. Or visit our website: [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)

## Insurance Rates

MetLife offers group rates and payroll deductions, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

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## Hospital Indemnity Insurance

| Coverage Options             | Low Plan | High Plan |
|------------------------------|----------|-----------|
| <b>Monthly Cost to You</b>   |          |           |
| Employee                     | \$13.79  | \$23.60   |
| Employee & Spouse            | \$25.71  | \$44.00   |
| Employee & Child(ren)        | \$21.63  | \$36.72   |
| Employee & Spouse/Child(ren) | \$33.55  | \$57.12   |

<sup>A</sup> "Hospital" does not include certain facilities such as nursing homes, convalescent care or extended care facilities. Please consult your certificate for details.

<sup>B</sup> Covered services/treatments must be the result of an accident or sickness as defined in the certificate.

<sup>C</sup> Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

<sup>D</sup> 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 may apply to dependents serving in the armed forces or living overseas."

<sup>E</sup> 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.

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 may be 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.

