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MetLife Essential Protection Plan



Cancer/Critical Illness Plan

UNION FUNDED \$10.30 PER MONTH



Policy Specifications

Underwriting Offer	Guaranteed Issue
Benefit Amount	\$10,000 (Payable at initial diagnosis)
Total Benefit Amount	Unlimited
Pre-Existing Conditions	3 months prior; excluded for 6 months. Does not apply to covered condition: Heart Attack, Severe Burn, Stroke.
Waiting Period	None
Recurrence Benefit	One Recurrence Benefit Per Condition (100% of initial benefit) Invasive Cancer, Heart Attack, Benign Brain Tumor, Coma, Severe Burns, Stroke, Coronary Artery Bypass Graft, Non-Invasive Cancer (Carcinoma in Situ)
Suspension Period for same condition	90 days
Suspension Period for different condition	30 days
Portability	Yes

Covered Conditions	Initial Benefit	Recurrence Benefit
Invasive Cancer	100% (Full Cancer)	100% of Initial Benefit
Heart Attack	100%	100% of Initial Benefit
Benign Brain Tumor	100%	100% of Initial Benefit
Coma ** (also in Acc Plan)	100%	100% of Initial Benefit
Severe Burns**(also in Acc Plan)	100%	100% of Initial Benefit
Stroke	100%	100% of Initial Benefit
Coronary Artery Bypass Graft	50%	100% of Initial Benefit
Non-Invasive Cancer (Carcinoma in Situ)	25% (Partial Cancer)	100% of Initial Benefit
Kidney Failure	100%	NONE
Major Organ Transplant	100%	NONE
Alzheimer's Disease	100%	NONE
Loss of Sight/Hearing/Speech ** (also in Acc Plan)	100%	NONE
Paralysis (2 or more limbs) ** (also in Acc Plan)	100%	NONE
ALS	100%	NONE
Multiple Sclerosis	100%	NONE
Muscular Dystrophy	100%	NONE
Parkinson's Disease (Advanced)	100%	NONE
Lupus	100%	NONE
Sudden Cardiac Arrest	50%	NONE

*****Requires 5 days hospitalization*****

Bacterial Cerebrospinal Meningitis	25%	NONE
COVID-19	25%	NONE
Diphtheria	25%	NONE
Encephalitis	25%	NONE
Legionnaire's Disease	25%	NONE
Malaria	25%	NONE
Necrotizing Fasciitis	25%	NONE
Osteomyelitis	25%	NONE
Rabies	25%	NONE
Tetanus	25%	NONE
Tuberculosis	25%	NONE
Skin Cancer	5%	NONE

Additional Benefit Annual \$50 Health Screening Benefit

To File a Health Screening Benefit: Toll Free Phone: 1-866-626-3705 or <https://mybenefits.metlife.com>

Covered Tests: Routine Health Check-up Exam, Biopsies for Cancer, Blood Chemistry Panel, Blood Test to Determine Total Cholesterol, Blood Test to Determine Triglycerides, Bone Marrow Testing, Breast MRI, Breast Ultrasound, Breast Sonogram, Cancer Antigen 15-3 Blood Test for Breast Cancer (CA 15-3), Cancer Antigen 125 Blood Test for Ovarian Cancer (CA 125), Carcinoembryonic Antigen Blood Test for Colon Cancer (CEA), Carotid Doppler, Chest X- Rays, Clinical Testicular Exam, Colonoscopy, Complete Blood Count, Coronavirus Testing, Dental Exam, Digital Rectal Exam (DRE), Doppler Screening for Cancer, Doppler Screening for Peripheral Vascular Disease, Echocardiogram, Electrocardiogram (EKG), Electroencephalogram (EEG), Endoscopy, Eye Exam, Fasting Blood Glucose Test, Flexible Sigmoidoscopy, Hearing Test, Hemocult Stool Specimen, Hemoglobin A1C, Human Papillomavirus (HPV) Vaccination, Immunization, Lipid Panel, Mammogram, Oral Cancer Screening, Pap Smears or Thin Prep Pap Test, Prostate-Specific Antigen (PSA) Test, Serum Cholesterol Test to determine LDL and HDL levels, Serum Protein Electrophoresis, Skin Cancer Biopsy, Skin Cancer Screening, Skin Exam, Stress Test on Bicycle or Treadmill, Successful Completion of Smoking Cessation Program, Tests for Sexually Transmitted Infections (STIs), Thermography, Two Hour Post-Load Plasma Glucose Test, Ultrasounds for Cancer Detection, Ultrasound Screening of the Abdominal Aorta from Abdominal Aortic Aneurysms, Virtual Colonoscopy.

Union Funded Accident Plan \$10.25 Per Month

**Plan Includes \$50,000 Accidental Death / \$150,000 Common Carrier Death Benefit
24 Hour Protection (on/off the job)
No age reduction/Portable**

Covered Benefits

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS CATEGORY

- Basic Dismemberment / Functional Loss Benefit (up to \$15,000)
- Catastrophic Dismemberment / Functional Loss ** (50,000)
- Paralysis Benefit ** (up to \$50,000)

ACCIDENTAL INJURY BENEFITS CATEGORY

- Fracture Benefit (Closed) (up to \$5,000)
- Fracture Benefit (Open) (up to \$10,000)
- Dislocation Benefit (Closed) \$up to \$2,500
- Dislocation Benefit (Open) (up to \$10,000)
- Burn Benefit ** (up to \$15,000)
- Concussion Benefit (\$500)
- Coma Benefit ** (\$10,000)
- Laceration Benefit (up to \$700)
- Broken Tooth Benefit (up to \$300)
- Eye Injury Benefit (\$400)

MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY

- Ground Ambulance Benefit (\$200)
- Air Ambulance Benefit (\$1,250)
- Emergency Care Benefit (\$100)
- Non-Emergency Initial Care Benefit (\$100)
- Medical Testing (X-Ray / MRI) (\$150 / \$200 x 2)
- Physician Follow-Up Benefit (\$50 x 2)
- Transportation Benefit (\$400)
- Therapy Services Benefit (\$50 x 10)
- Pain Benefit (\$100)
- Prosthetic Device Benefit (up to \$2,000)
- Medical Appliance Benefit (up to \$1,500)
- Home Modification (\$1,500)
- Blood / Plasma / Platelets Benefit (\$500)
- Surgery Benefits (up to \$2,000)
- Other Outpatient Surgery Benefit (\$400)

ACCIDENT – HOSPITAL BENEFITS CATEGORY

- Hospital Admission Benefit / ICU (\$1,000 / \$1,000)
- Hospital Confinement Benefit / ICU (\$200 / \$200 x 15)
- Inpatient Rehabilitation Benefit (\$200 x 15)

OTHER BENEFITS CATEGORY

- Lodging Benefit (\$200 x 15)

Specific Examples

Closed Fracture:

Fractured Fibular	\$ 2,000.00
Emergency Room	\$ 100.00
Non-Emergency Initial Visit	\$ 100.00
MRI	\$ 200.00
X-Ray	\$ 150.00
Physican Visit	\$ 100.00
Physical Therapy	\$ 500.00
Brace	\$ 150.00
Benefit Total:	\$ 3,300.00

Open Fracture:

Open Fractured Fibular	\$ 4,000.00
Ground Ambulance	\$ 200.00
Emergency Room	\$ 100.00
Non-Emergency Care	\$ 100.00
MRI	\$ 200.00
X-Ray	\$ 150.00
Follow-up	\$ 100.00
PT	\$ 500.00
Pain Management	\$ 100.00
Brace	\$ 150.00
Cane / Crutches	\$ 150.00
Surgery	\$ 200.00
Hospital Admin	\$ 1,000.00
ICU	\$ 1,000.00
Daily Confinement ICU x1=	\$ 200.00
Daily Confinement Hospital x3=	\$ 600.00
Benefit Total:	\$ 8,750.00

MBM Insurance Services, Inc.
Michael B. Murphy, President
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** Also covered in the Cancer Critical Illness Plan