

# NEW

## Benefit Offering for New York State Professional Firefighters

As a member you have the option of enrolling in The Total Protection Plan, which offers you and your family added protection from the financial impact of unexpected illness, accidental injuries, periods of disability, and/or death.

### THE TOTAL PROTECTION PLAN *WE HAVE YOU COVERED*

Each plan is **Guaranteed Issue**<sup>1</sup>, for eligible employees which means you'll qualify for coverage regardless of your health history and you will not have to answer any medical questions.

- Your coverage is **effective within 30 days of enrollment**.
- You can enroll in individual coverages, customize your plan or choose from three coverage options.

**ACCIDENT**

- 24-hour coverage
- Lump-sum payment for over 120 different covered events<sup>2</sup>, that are the result of a covered accident, such as emergency room (\$100), fractures<sup>3</sup> (up to \$10,000), concussion (\$500), ground ambulance (\$200), surgery (up to \$2,000), burns (up to \$15,000), and accidental death (up to \$150,000)

**CRITICAL ILLNESS**

- Lump-sum payment for verified diagnosis of covered condition (up to \$20,000)
- Includes cancer<sup>4</sup>, heart attack<sup>5</sup>, stroke<sup>6</sup>, Alzheimer's disease<sup>7</sup> and more
- There is no Total Benefit amount cap included in the plan
- \$50 annual health screening benefit<sup>8</sup>

**HOSPITAL INDEMNITY**

Pays cash benefits for hospitalization<sup>9</sup> due to sickness<sup>10</sup> or accidents<sup>2</sup>

- Covers Covid-19 stays<sup>13</sup>
- Admission benefit<sup>11</sup> (up to \$1,500)
- Daily Hospital benefit<sup>12</sup> (up to \$100)
- ICU Benefit (up to \$300)
- Emergency care (ER) (\$150)

**SHORT TERM DISABILITY**

- 14 day waiting period for accident and for sickness
- Benefit payable for up to six months
- On and off the job coverage

	SILVER	GOLD	PLATINUM
<b>ACCIDENT</b>	Covers over 120 events	Covers over 120 events	Covers over 120 events
<b>CRITICAL ILLNESS</b>	\$10,000 Per Covered Condition	\$15,000 Per Covered Condition	\$20,000 Per Covered Condition
<b>HOSPITAL INDEMNITY</b>	\$500 Admission \$50 a day	\$1,000 Admission \$100 a day	\$1,000 Admission \$100 a day
<b>DISABILITY</b>	\$200 - \$1,200 PER MONTH	\$200 - \$1,200 PER MONTH	\$200 - \$1,200 PER MONTH

YOUR AGE	MONTHLY COST		
<30	\$70.23	\$90.12	\$104.99
30-39	\$75.73	\$98.37	\$115.99
40-49	\$90.73	\$120.87	\$145.99
50-59	\$143.71	\$202.36	\$255.99

These rates are illustrative only. Final rates will depend upon member's age, type of job occupation, and benefit amount selected. The rates include the cost of insurance and administrative expenses. Rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. Rates are subject to change. Please refer to the certificate, Disclosure Statement or Outline of Coverage/Disclosure Document for more information including the exclusions and limitations which apply to coverage. Rates assume that the member is enrolling in all 5 benefits. The rates for each benefit are combined into one payroll deduction. Please contact Winston for individual product rates. Rates are based on member only coverage making \$60,000.

### TO LEARN MORE

Learn more about how you can enroll in individual coverages or customize your plan.



**1-866-209-3844**

Monday - Friday, 8:30 a.m. - 5 p.m. ET.

SCAN TO LEARN MORE



## Attention NYSPFFA Members!

### See below for Spouse and Dependent Rates and Information

ASK ABOUT ENROLLING IN YOUR CUSTOMIZED PLAN!

Age Band	Member + Spouse	Member + Child/Children	Member + Family
<b>Silver Plan</b>			
<30	\$122.67	\$119.73	\$158.33
30 - 39	\$130.87	\$125.33	\$166.43
40 - 49	\$151.77	\$140.33	\$187.33
50 - 59	\$212.85	\$193.31	\$248.51
<b>Gold Plan</b>			
<30	\$157.24	\$145.48	\$198.80
30 - 39	\$169.54	\$153.88	\$210.95
40 - 49	\$200.89	\$176.33	\$242.30
50 - 59	\$294.53	\$257.87	\$336.09
<b>Platinum Plan</b>			
<30	\$174.66	\$161.55	\$217.47
30 - 39	\$191.06	\$172.75	\$233.67
40 - 49	\$232.86	\$202.75	\$275.47
50 - 59	\$359.66	\$312.75	\$401.87

Discontinued

1 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.

2 Covered services/treatments must be the result of an accident or sickness as defined in the group policy certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

3 Chip fractures are paid at 25% of Fracture Benefit and partial amputations are paid at 50% of Disposition Benefit.

4 There is a pre-existing condition limitation: 3 months prior; except for 6 months. Does not apply to the following covered condition categories: Heart Attack, Severe Burn, Stroke. Please review the 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.

5 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.

6 In certain states, the Covered Condition is Severe Stroke

7 Please review the Outline of Coverage for specific information about Alzheimer's disease

8 The Health Screening Benefit is not available in certain states. In some states, there is a separate mammogram benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit

9 Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

10 There is a pre-existing exclusion for covered sicknesses. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

11 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.

12 When plan includes an Admission Benefit, the Confinement Benefit begins on Day 2.

13 Covid-19 is covered under the Infectious Disease Category. For an infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for [5] consecutive days.

For more information, contact your MetLife representative. Nothing in these materials is intended to be, nor should be construed as, advice or a recommendation for a particular situation or individual. Contact Winston for costs and complete details. Short Term Disability: For the first 12 months after your coverage becomes effective your plan may not cover a sickness or accidental injury that arose in the 12 months prior to your participation in the plan. Thereafter, provided you remain disabled, the sickness or accidental injury may be covered. A complete description of the pre-existing conditions exclusion is included in the Certificate of Insurance provided by MetLife or you may contact your MetLife benefits administrator with any questions. State variations may apply to residents of certain states and will be reflected in your Certificate of Insurance. Your plan does not cover any Disability which results from or is caused or contributed to by: Elective treatment or procedures, such as cosmetic surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination or other specific procedures. However, pregnancies and complications from any of these procedures will be treated as a sickness. War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act; Active participation in a riot; Intentionally self-inflicted injury or attempted suicide; Commission of or attempt to commit a felony. State variations may apply to residents of certain states and will be reflected in your Certificate of Insurance. This plan provides protection for covered disabilities 24 hours a day, both on or off the job. Please review your Certificate of Insurance for more information. Specific information pertaining to your insurance can be obtained by contacting Winston Benefits at Winston Benefits 866-209-3844. METLIFE'S ACCIDENT (AX), HOSPITAL INDEMNITY (HI) AND CRITICAL ILLNESS (CI) INSURANCE POLICIES ARE LIMITED BENEFIT GROUP INSURANCE POLICIES. The policies are not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical, and medical expenses, and do not provide reimbursement for such expenses. Certain states may require the insured to have medical coverage to enroll in these policies. Like most group accident and health insurance policies, MetLife's AX, HI and CI policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability may vary by state. The policies may be subject to a Benefit Reduction Due to Age provision. For HI and AX, prior hospital confinement may be required to receive certain benefits, and there may be a pre-existing condition exclusion for hospital sickness benefits, if applicable. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. For CI, there may be a pre-existing condition exclusion, and a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CI 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 CI on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's AX, HI and CI products can be found in the applicable Disclosure Statements or Outlines of Coverage/Disclosure Documents available at time of enrollment. For complete details of coverage and availability: for AX and HI, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG; and for CI, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI, or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. If you would like to purchase these referenced coverages separately, please contact Winston Benefits at 866-209-3844 --All terms and conditions otherwise apply. L0623033138[exp0625][All States] [DC,GU,MP,PR,VI]