



Voluntary Employee Benefits Proposal Village of Oak park

Effective: 1/1/2020

- **Accident**
- **Critical Illness**
- **Hospital**
- **Metlaw**

Worksite Benefits

- Participation Requirements Waived if Education is mandatory and all employees are seen
- Without mandatory conditions for education, participation is 5% per line
- Perpetual Guarantee Issue during Open Enrollment and New Hire offerings
- Portable at group rates (exception of Metlaw which is portable for 1 year)

Accident Coverage

- Accident Injury Coverage is intended to cover an employee and their dependents in the event of an injury. This policy covers employees 24 hours a day for injuries that occur on or off the job and will provide employees with cash benefits based on the specific injury and required treatments.
- 24 hour coverage
- Wellness benefits included with a \$100/person/year payout
- Choice between 2 coverages

Critical Illness

- This critical Illness benefit is designed to cover the employee and their dependents for Coronary Artery Bypass Graft, Cancer, Heart Attack, Kidney Failure, Major Organ Transplants, Stroke, Occupational HIV, etc. It provides employees a lump sum of cash in the event they are diagnosed with any of these specific illnesses.
- Choice of \$15,000 or \$30,000 in coverage
- Benefits max out at 300% of initial elected amount
- Pre-Ex: 3 month look back, excludes for 6 months forward. doesn't apply to heart attack, occupational HIV, or Stroke.
- Wellness benefit of \$50/person/year payout
- Guarantee Issue

Hospital

- Guarantee Issue (Including on-going Pregnancies)
- 24 hour coverage Illness and Injury
- \$1,000 Admission Benefits, additional amounts per day and ICU
- \$100 Wellness benefit built in per person per calendar year

Metlaw

- Ability to utilize a network of attorneys at no additional cost
- Will Prep/Estate matters/Financial/Real Estate/ Civil/ Traffic/ elder-care/ Divorce *Divorce is the only limit with 20 hour max*



Group Accident Benefits

		Benefits	High Plan*			Highest Plan		
Category	Subcategory	Benefits	Employee	Spouse	Child	Employee		Child
Death	Accidental Death	Basic Accidental Death Benefit	\$50,000	\$25,000	\$10,000	\$100,000	\$50,000	\$20,000
		AD Common Carrier ¹ Benefit	\$150,000	\$75,000	\$30,000	\$300,000	\$150,000	\$60,000
Accidental Dismemberment/ Functional Loss/ Paralysis Benefits	Basic Dismemberment/ Functional Loss Benefit	Loss of one finger or one toe	\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
		Loss of one arm or one leg	\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
		Loss of one hand or one foot	\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
		Loss of two or more fingers or toes in any combination	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
		Loss of sight in one eye	\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
		Loss of hearing in one ear	\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
	Catastrophic Dismemberment/ Functional Loss Benefit	Loss of both arms or both legs or one arm and one leg	\$50,000	\$50,000	\$50,000	\$100,000	\$100,000	\$100,000
		Loss of both hands or both feet or one hand and one foot	\$50,000	\$50,000	\$50,000	\$100,000	\$100,000	\$100,000
		Loss of sight in both eyes	\$50,000	\$50,000	\$50,000	\$100,000	\$100,000	\$100,000
		Loss of hearing in both ears	\$50,000	\$50,000	\$50,000	\$100,000	\$100,000	\$100,000
		Loss of ability to speak	\$50,000	\$50,000	\$50,000	\$100,000	\$100,000	\$100,000
	Paralysis Benefit	Two Limbs (paraplegia or hemiplegia)	\$25,000	\$25,000	\$25,000	\$50,000	\$50,000	\$50,000
		Four Limbs (quadriplegia)	\$50,000	\$50,000	\$50,000	\$100,000	\$100,000	\$100,000

Benefits			High Plan	Highest Plan
Category	Subcategory	Benefits		
Accidental Injury Benefits	Fracture Benefit (Closed)	Face or Nose (except mandible or maxilla)	\$1,000	\$1,500
		Skull Fracture - depressed (except bones of face or nose)	\$3,000	\$4,500
		Skull Fracture - non depressed (except bones of face or nose)	\$2,000	\$3,000
		Lower Jaw, Mandible (except alveolar process)	\$500	\$750
		Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$1,500
		Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$1,500
		Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$750
		Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$750
		Rib	\$500	\$750
		Finger, Toe	\$100	\$150
		Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$3,000
		Vertebral Process	\$500	\$750
		Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$3,000
		Hip, Thigh (femur)	\$3,000	\$4,500
		Coccyx	\$500	\$750
		Leg (tibia and/or fibula)	\$2,000	\$3,000
		Kneecap (patella)	\$500	\$750
		Ankle	\$500	\$750
		Foot (except toes)	\$500	\$750
		Chip Fracture	25%	25%
	Fracture Benefit (Open)	Face or Nose (except mandible or maxilla)	\$2,000	\$3,000
		Skull Fracture - depressed (except bones of face or nose)	\$6,000	\$9,000
		Skull Fracture - non depressed (except bones of face or nose)	\$4,000	\$5,000
		Lower Jaw, Mandible (except alveolar process)	\$1,000	\$1,500
		Upper Jaw, Maxilla (except alveolar process)	\$2,000	\$3,000
		Upper Arm between Elbow and Shoulder (humerus)	\$2,000	\$3,000
		Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$1,000	\$1,500
		Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$1,000	\$1,500
		Rib	\$1,000	\$1,500
		Finger, Toe	\$200	\$300
		Vertebrae, Body of (excluding vertebral processes)	\$4,000	\$5,000
		Vertebral Process	\$1,000	\$1,500
		Pelvis (Includes Ilium, Ischium, Pubis, Acetabulum, Except Coccyx)	\$4,000	\$5,000
		Hip, Thigh (Femur)	\$6,000	\$9,000
		Coccyx	\$1,000	\$1,500
		Leg (Tibia, and/or Fibula)	\$4,000	\$5,000
		Kneecap (patella)	\$1,000	\$1,500
		Ankle	\$1,000	\$1,500
		Foot (Except Toes)	\$1,000	\$1,500
		Chip Fracture	25%	25%

Category				
Accidental Injury Benefits	Dislocation Benefit (Closed)	Lower Jaw	\$500	\$750
		Collarbone (sternoclavicular)	\$1,000	\$1,500
		Collarbone (acromioclavicular and separation)	\$500	\$750
		Shoulder (glenohumeral)	\$500	\$750
		Rib	\$500	\$750
		Elbow	\$500	\$750
		Wrist	\$500	\$750
		Bone or Bones of the Hand (other than fingers)	\$500	\$750
		Hip	\$3,000	\$4,500
		Knee (except patella)	\$2,000	\$3,000
		Ankle - Bone or bones of the Foot (other than toes)	\$1,000	\$1,500
		One Toe or Finger	\$100	\$150
		Partial Dislocation	25%	25%
	Dislocation Benefit (Open)	Lower Jaw	\$1,000	\$1,500
		Collarbone (sternoclavicular)	\$2,000	\$3,000
		Collarbone (acromioclavicular and separation)	\$1,000	\$1,500
		Shoulder (glenohumeral)	\$1,000	\$1,500
		Rib	\$1,000	\$1,500
		Elbow	\$1,000	\$1,500
		Wrist	\$1,000	\$1,500
		Bone or Bones of the Hand (other than fingers)	\$1,000	\$1,500
		Hip	\$6,000	\$9,000
		Knee (except patella)	\$4,000	\$5,000
		Ankle - Bone or bones of the Foot (other than toes)	\$2,000	\$3,000
		One Toe or Finger	\$200	\$300
		Partial Dislocation	25%	25%
	Burn Benefit	2nd Degree w/ less than 10% of surface skin	\$100	\$150
		2nd Degree 10-25% surface skin burnt	\$200	\$300
		2nd Degree 25-35% surface skin burnt	\$500	\$750
		2nd Degree 35% or more of surface skin burnt	\$1,000	\$1,500
		3rd Degree w/ less than 10% of surface skin	\$1,000	\$1,500
		3rd Degree 10-25% surface skin burnt	\$2,000	\$3,000
		3rd Degree 25-35% surface skin burnt	\$5,000	\$7,500
		3rd Degree 35% or more of surface skin burnt	\$10,000	\$15,000
	Skin Graft Benefit	Skin Graft for 2nd or 3rd Degree burn	50%	50%
	Concussion Benefit	Concussion	\$400	\$600
	Coma Benefit	Coma	\$10,000	\$15,000
	Ruptured Disc	Surgical Repair Benefit	\$1,000	\$1,500
	Torn Cartilage in Knee	With surgical repair	\$750	\$1,000
		Exploratory Surgery without repair (Torn Carti-	\$150	\$200
	Laceration Benefit	Without repair by stitches	\$50	\$75
		Repaired by stitches but less than 2 inches long	\$100	\$150
		Repaired by stitches and 2-6 inches long	\$200	\$300
		Repaired by stitches and over 6 inches long	\$400	\$600

Category	Benefits		High Plan	Highest Plan
Accidental Injury	Torn, Ruptured or Severed Tendon/Ligament/ Rotator Cuff	Surgical repair: one tendon/ligament/	\$750	\$1,000
		Surgical repair: two or more tendons/ ligaments/rotator cuffs	\$1,000	\$1,500
		Exploratory Surgery without repair	\$150	\$200
	Accidentally Broken Tooth Benefit	Crown	\$200	\$400
		Extraction	\$100	\$150
		Filling	\$50	\$75
	Eye Injury	Eye Injury Benefit	\$300	\$400
Accident - Medical Treatment and Services Benefits	Ambulance	Air Benefit	\$1,000	\$1,500
		Ground Benefit	\$300	\$400
	Transportation	Transportation Benefit	\$400	\$600
	Emergency Care Benefit	Emergency Room	\$100	\$150
		Physician's Office	\$50	\$100
		Urgent Care	\$50	\$100
	Non- Emergency	Initial Care Benefit	\$50	\$50
	Medical Testing	Medical Testing Benefit (X-Ray, MR/MRI, ultrasound, NCV, CT/CAT, EEG)	\$200	\$300
	Physician Follow-Up Visit Benefit	Visit Benefit	\$75	\$100
	Therapy Services	Cognitive Behavioral Therapy	\$25	\$35
		Occupational Therapy	\$25	\$35
		Physical Therapy	\$25	\$35
		Respiratory therapy	\$25	\$35
		Speech Therapy	\$25	\$35
		Vocational Therapy	\$25	\$35
Accident - Medical Treatment and Services Benefits	Pain	Pain Management Benefit (for Epidural Anesthesia)	\$100	\$150
	Prosthetic Device Benefit	One Device Only	\$750	\$1,000
		More than One Device	\$1,500	\$2,000
	Medical Appliance Benefit	Brace	\$100	\$200
		Cane	\$100	\$200
		Crutches	\$100	\$200
		Walker - expected use < 1yr	\$200	\$250
		Walker - expected use >=1 yr	\$500	\$500
		Walking Boot	\$100	\$200
		Wheel chair or motorized scooter- expected use < 1yr	\$200	\$300
		Wheel chair or motorized scooter- expected use >=1yr	\$1,000	\$1,500
		Other medical device used for Mobility	\$100	\$200
	Medical Appliance Benefit Limit	Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000	\$1,500
	Modification Benefit	Modification Benefit	\$1,000	\$2,000
	Blood/ Plasma/ Platelets	Blood Benefit	\$400	\$500

Benefits			High Plan	Highest Plan
Category	Subcategory	Benefits		
Accident - Medical Treatment and Services Benefits	Inpatient Surgery Benefit	Cranial surgery	\$2,000	\$3,000
		Exploratory Surgery	\$200	\$300
		Hernia Repair	\$200	\$300
		Thoracic cavity or abdominal pelvic cavity surgery	\$2,000	\$3,000
	Outpatient Ambulatory Surgery Benefit	Outpatient Surgery Benefit	\$300	\$500
Accident - Hospital Benefits	Accident - Hospital Admission Benefit	Non- ICU Hospital Admission payable 1 time per Accident	\$1,000	\$1,500
		Intensive Care Unit Admission payable 1 time per Accident	\$2,000	\$3,000
	Accident - Hospital Confinement Benefit	Non- ICU Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$200	\$300
		ICU Accident Hospital Confinement is payable for up to 31 days per covered person (starting on day 1)	\$400	\$600
	Rehab	Inpatient Rehabilitation Benefit is payable for up to 15 days per covered person per accident, but not to exceed 30 days per calendar year.	\$200	\$300
Other Benefits	Health Screening	Health Screening Benefit	\$100	\$100
	Lodging	Lodging Benefit* is payable for up to 31 days per calendar year.	\$200	\$300

Health Screening Benefit	<p>Paid one time per calendar year.</p> <p>The Covered Tests are: physical exam, biopsies for cancer, 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, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), endoscopy, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, 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 for abdominal aortic aneurysms, and virtual colonoscopy.</p> <p>The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).</p>

Group Critical Illness Benefits

Plan Design		
Benefit for Covered Conditions	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Occupational HIV	<u>100%</u> of Benefit Amount	NONE
Listed Conditions:	<p><u>Receive 25% of the initial benefit amount for 22 conditions:</u></p> <p>Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; polio-myelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.</p> <p>A Covered Person may only receive one benefit payment for a Listed Condition in his/her lifetime.</p>	
Benefit Suspension Period	<p>After a covered condition occurs there is a 365 days Benefit Suspension Period during which the plan does not pay Recurrence benefits. The Benefit Suspension Period does not apply to first occurrences of distinct covered conditions. We will not pay Recurrence benefits for Full Benefit Cancer or Partial Benefit Cancer benefits unless the insured has not been treated nor had symptoms for at least 180 days.</p>	
Health Screening Benefit	<p><u>If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the certificate MetLife will pay a health screening benefit upon submission of proof that such measure was taken. When MetLife receives such proof, MetLife will review it, and if MetLife approves the claim, MetLife will pay a health screening benefit of \$50.</u>The Covered Tests are: physical exam, biopsies for cancer, 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, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), endoscopy, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, 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 for abdominal aortic aneurysms, and virtual colonoscopy.</p> <p>We will only pay one health screening benefit per covered person per calendar year.</p> <p>Health Screening Benefits are not available in all states. MT residents will have a separate \$70 mammogram benefit.</p>	

Group Hospital Indemnity Benefits

Hospital Benefits				
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Admission Benefit	1 time(s) per calendar year	Admission ¹	\$1,000	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	15 days per year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement ²	\$100	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200
Inpatient Rehabilitation Benefit*	15 days per calendar year	Inpatient Rehabilitation (For Injury Only)	\$50	\$100
Other Benefits				
Health Screening Benefit	1 time(s) per calendar year per covered person	Health Screening	\$100	\$100
Other Benefits				
Health Screening Benefit	<p>Paid one time per calendar year.</p> <p>The screening/prevention measures for which a Health Screening Benefit may be paid are: 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 (CBC); 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; fasting plasma glucose test; flexible sigmoidoscopy; hearing test; hemoccult 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 for abdominal aortic aneurysms; or virtual colonoscopy.</p>			

Money Matters

Identity Theft Defense / LifeStages Identity management / Promissory Notes / Financial Education Workshops / Debt Collection Defense / Tax Collection Defense

Home & Real Estate

Foreclosure / Tenant Negotiations / Boundary & Title Disputes / Deeds / Sale or Purchase of Primary & Vacation homes / Eviction Defense / Property Tax Assessments / Mortgages / Refinancing & Home Equity Loan / Security Deposit Assistance / Zoning Applications

Estate Planning

Simple Wills / Complex Wills / Revocable & Irrevocable Trusts / Powers of Attorney / Healthcare Proxies / Living Wills / Codicils

Family & Personal

Adoption / Guardianship / Conservatorship / Prenuptial Agreements / Name Changes / Divorce (20 hours) / Review of ANY personal Legal Documents / Juvenile Court Defense (including criminal) / Parental Responsibility Matters / School Hearings / Demand Letters / Personal Properties Issues / Affidavits / Garnishments Defense / Protection from Domestic Violence / Review of Immigration Documents

Civil Lawsuits

Civil Litigations Defense / Disputes over Consumer Goods & Services / Small Claims Assistance / Administrative Hearings / Incompetency Defense / Pet Liabilities

Elder Care

Medicare / Medicaid / Prescription Plans / Nursing Home Agreements / Leases / Notes / Deeds / Wills / Power of Attorney

Vehicle & Driving

Repossessions / Driving Privileges Restored / License Suspension Due to DUI / Defense of Traffic Tickets

Rates

Accident – High Plan

Type	Monthly
Employee Only	\$16.29
Employee + Spouse	\$29.21
Employee + Children	\$33.92
Employee + Spouse/Children	\$42.46

Accident – Highest Plan

Type	Monthly
Employee Only	\$23.36
Employee + Spouse	\$41.09
Employee + Children	\$47.77
Employee + Spouse/Children	\$58.78

Critical Illness Premium Structure

Monthly Premium for \$1,000 of Coverage

Attained Age	Employee	Spouse	Child(ren) (up to age 26)
<25	\$0.60	\$0.77	\$0.66
25–29	\$0.63	\$0.81	
30–34	\$0.81	\$1.01	
35–39	\$0.94	\$1.11	
40–44	\$1.10	\$1.25	
45–49	\$1.61	\$1.70	
50–54	\$2.40	\$2.31	
55–59	\$3.48	\$3.11	
60–64	\$4.77	\$4.09	
65–69	\$6.61	\$5.48	
70+	\$9.58	\$8.15	

Hospital – Low Plan

Type	Monthly (12)
Employee Only	\$24.71
Employee + Spouse	\$58.99
Employee + Children	\$44.46
Employee + Spouse and Children	\$78.73

MetLaw Legal Plan

Type	Monthly (12)
Employee/ Family	\$25.00

Hospital – High Plan

Type	Monthly (12)
Employee Only	\$29.26
Employee + Spouse	\$69.92
Employee + Children	\$52.82
Employee + Spouse and Children	\$93.48