

## 2025 – 2026 Plan Summary Comparison

	Nevada System of Higher Education		State of Nevada	
Eligible Individual	Initial Benefit	Requirements	Initial Benefit	Requirements
<b>Coverage Options</b>				
<b>Employee</b>	<b>\$10,000, 15,000 or \$20,000</b>	Coverage is guaranteed provided you are actively at work. <sup>1</sup>	<b>\$10,000, \$20,000 or \$30,000</b>	Employees will be subject to an actively at work requirement. <sup>1</sup> Employees must reside in the United States. The demographics and details of potential covered insureds living and working outside the United States should be discussed with your MetLife representative.
<b>Spouse/Domestic Partner<sup>2</sup></b>	<b>100% of the Employee's Initial Benefit</b>	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. <sup>1</sup>	<b>50% of the Employee's Initial Benefit</b>	An employee must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage. Coverage for Domestic Partners varies by state. The definitions of Domestic Partner and Children may vary by state. Retirees are not eligible to enroll.
<b>Dependent Child(ren)<sup>3</sup></b>	<b>100% of the Employee's Initial Benefit</b>	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. <sup>1</sup>	<b>50% of the Employee's Initial Benefit</b>	Child(ren) are eligible for coverage from birth to age 26. Spouses / domestic partners and dependent child(ren) must not be subject to any medical restrictions as set forth on the enrollment form and in the Certificate. <sup>1</sup>

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Covered Conditions	Initial Benefit	Recurrence Benefit	Covered Conditions	Initial Benefit	Recurrence Benefit <sup>14</sup>
Autism Spectrum Disorder	X	X	Autism Spectrum Disorder - payable for a covered person (adult or child) for a diagnosis of any severity.	50% of Benefit Amount	NONE
Full Benefit Cancer <sup>7</sup>	100% of Initial Benefit	100% of Initial Benefit <sup>4</sup>	Invasive Cancer <sup>7</sup>	100% of Benefit Amount	100% of Initial Benefit
Partial Benefit Cancer <sup>7</sup>	25% of Initial Benefit	25% of Initial Benefit <sup>4</sup>	Non-Invasive Cancer <sup>7</sup>  Skin Cancer <sup>7</sup>	25% of Benefit Amount  25% of Benefit Amount, but not less than \$250	100% of Initial Benefit  100% of Initial Benefit, but not less than \$250
Benign Brain Tumor	X	X	Benign Brain Tumor	100% of Initial Benefit	100% of Initial Benefit
Coronary Artery Bypass Graft <sup>6</sup>	100% of Initial Benefit	100% of Initial Benefit	Coronary Artery Bypass Graft <sup>6</sup>	100% of Benefit Amount	100% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable	Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Alzheimer's Disease <sup>8</sup>	100% of Initial Benefit	Not applicable	Alzheimer's Disease <sup>8</sup> This is part of the <b>Progressive Disease Category</b> . See Plan Summary for 5 other covered diseases in this category.	100% of Benefit Amount	NONE
Major Organ Transplant Benefit <sup>9</sup>	100% of Initial Benefit	Not applicable	Major Organ Transplant Benefit <sup>9</sup>	100% of Benefit Amount	100% of Initial Benefit
Heart Attack <sup>4</sup>	100% of Initial Benefit	100% of Initial Benefit	Heart Attack <sup>4</sup>	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	X	X	Sudden Cardiac Arrest	50% of Benefit Amount	NONE
Stroke <sup>5</sup>	100% of Initial Benefit	100% of Initial Benefit	Stroke <sup>5</sup>	100% of Benefit Amount	100% of Initial Benefit
Transient Ischemic Attack	X	X	Transient Ischemic Attack	10% of Benefit Amount	100% of Initial Benefit

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Covered Conditions	Initial Benefit	Recurrence Benefit	Covered Conditions	Initial Benefit	Recurrence Benefit <sup>12</sup>
Childhood Disease Category	X	X	Childhood Disease Category (See Plan Summary for details)	100% of Benefit Amount	NONE
Functional Loss Category	X	X	Functional Loss Category Coma Loss of: Ability to Speak; Hearing; or Sight Paralysis of 2 or more limbs	100% of Benefit Amount 100% of Benefit Amount 100% of Benefit Amount	100% of Initial Benefit NONE 100% of Initial Benefit
Infectious Disease Category.	X	X	Infectious Disease Category <sup>11</sup> (See Plan Summary for details.)  <i>*No Recurrence Benefit for Rabies.</i>	25% of Benefit Amount	100% of Initial Benefit*
Occupational Exposure Category	X	X	Occupational Exposure Category	100% of Benefit Amount	NONE
Severe Burn Category	X	X	Severe Burn Category	100% of Benefit Amount	100% of Initial Benefit
Health Screening Benefit <sup>10</sup>	MetLife will provide an annual benefit of <b>\$50</b> per calendar year for taking one of the eligible screening/prevention measures.	MetLife will pay only one health screening benefit per covered person per calendar year.	Health Screening Benefit <sup>10</sup>	MetLife will provide an annual benefit of <b>\$50</b> per calendar year for taking one of the eligible screening/prevention measures.	MetLife will pay only one health screening benefit per covered person per calendar year.
Total Benefit Amount	The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit and is <b>3 times the amount of your Initial Benefit</b> . This means that you can receive multiple Initial Benefit and Recurrence Benefit payments <b>until you reach the maximum of 300% or \$30,000, 45,000 or \$60,000.</b>		Total Benefit Amount	The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit Amount and is <b>7 times the amount of your Benefit Amount</b> . This means that you can receive multiple benefit payments until you <b>reach the maximum of \$70,000, \$140,000, or \$210,000.</b>	



**Important:** This is not a complete listing of benefits or covered services/treatments. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

## 2025 – 2026 Plan Summary Comparison

### Insurance Rates

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

#### Monthly Premium per \$1,000 of Coverage

##### Employee Paid Uni-Smoker

#### Nevada System of Higher Education

EE	
<25	\$0.24
25-29	\$0.25
30-34	\$0.32
35-39	\$0.46
40-44	\$0.68
45-49	\$1.05
50-54	\$1.59
55-59	\$2.38
60-64	\$3.52
65-69	\$5.19
70+	\$7.23

EE+CH	
<25	\$0.42
25-29	\$0.43
30-34	\$0.50
35-39	\$0.64
40-44	\$0.86
45-49	\$1.23
50-54	\$1.77
55-59	\$2.56
60-64	\$3.70
65-69	\$5.37
70+	\$7.41

EE+SP	
<25	\$0.48
25-29	\$0.50
30-34	\$0.64
35-39	\$0.92
40-44	\$1.36
45-49	\$2.10
50-54	\$3.18
55-59	\$4.76
60-64	\$7.04
65-69	\$10.38
70+	\$14.46

Family	
<25	\$0.66
25-29	\$0.68
30-34	\$0.82
35-39	\$1.10
40-44	\$1.54
45-49	\$2.28
50-54	\$3.36
55-59	\$4.94
60-64	\$7.22
65-69	\$10.56
70+	\$15.12

#### State of Nevada

Attained Age	Employee	Spouse
<30	\$0.41	\$0.41
30 - 39	\$0.73	\$0.73
40 - 49	\$1.44	\$1.44
50 - 59	\$2.52	\$2.52
60 - 69	\$4.39	\$4.39
70+	\$4.39	\$4.39

**Eligible Dependent Children are covered at no additional charge.**

MetLife requires records of enrolled Dependent Children to be provided on the enrollment file.

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

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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. MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

2 Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

3 Dependent Child coverage varies by state. Please contact MetLife for more information.

4 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.

5 In certain states, the covered condition is Severe Stroke.

6 In certain states, the Covered Condition is Coronary Artery Disease.

7 Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.

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

9 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.

10 The Health Screening Benefit may not be available in all states.

11 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.

12 Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII 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 CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.