



# Group Heart Stroke Insurance

Underwritten by MetLife

## ▶ Plan Features

- Renewable for Life
- In and Out of hospital benefits
- Pays regardless of other coverage
- Portability

### Benefit options include:

- Angioplasty
- Surgery
- Coronary Artery Bypass
- Cardiac Catheterization

Benefit	Maximum Amount
<b>Hospital Confinement:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay for each day a Covered Person is admitted to and confined as an Inpatient in a Hospital.	\$200 per day for each period of Continuous Hospital Confinement
<b>Physician's Attendance:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay for each day a Covered Person requires services of a Physician while Hospital Confined . This benefit is payable only for the number of days the Hospital Confinement benefit in this Policy is payable.	\$25 per day
<b>Inpatient Drugs and Medicine:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay the amount, per day, for drugs or medicine required while Hospital Confined . This benefit is payable only for the number of days the Hospital Confinement benefit in this Policy is payable.	\$25 per day
<b>Private Duty Nursing:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay the amount, per day, for private nursing care and attendance by a Nurse while Hospital Confined . Nursing services must be required and authorized by the attending Physician. The maximum number of days this benefit is payable is 60 days for each period of Continuous Hospital Confinement.	\$100 per day
<b>Physiotherapy:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay the amount, per day, for physiotherapy performed by a licensed physical therapist, as required while Hospital Confined . The maximum number of days this benefit is payable is 60 days for each period of Continuous Hospital Confinement.	\$50 per day
<b>Oxygen:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay the amount for the use of oxygen equipment while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once each period of Continuous Hospital Confinement.	\$200 per period of continuous Hospital Confinement
<b>Cardiograms:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay the amount for an electrocardiogram, echocardiogram, phonocardiogram, or vectorcardiogram which requires Hospital Confinement. This benefit is payable only once for each period of Continuous Hospital Confinement.	\$100 per period of continuous Hospital Confinement
<b>Cerebral or Cartoid Angiogram:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay the amount for a cerebral or cartoid angiogram required while Hospital Confined. This benefit is payable only once for each period of Continuous Hospital Confinement.	\$150 per period of continuous Hospital Confinement
<b>Blood, Plasma and Platelets:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay the amount for the administration of blood, plasma or platelets while Hospital Confined. This benefit is payable only once for each period of Continuous Hospital Confinement.	\$200 per period of continuous Hospital Confinement



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Benefit	Maximum Amount
<p><b>Cardiac Catheterization:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay the amount for a cardiac catheterization procedure required for the treatment of Heart Attack, Heart Disease or Stroke.</p>	\$500
<p><b>Coronary Angioplasty:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay the amount for a Angioplasty procedure required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown is payable regardless of the number of blood vessels repaired during this procedure.</p>	\$750
<p><b>Pacemaker Insertion:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay the amount for the initial insertion of a permanent pacemaker required for the treatment of Heart Attack, Heart Disease or Stroke.</p>	\$1,000
<p><b>Coronary Artery Bypass Graft Operation:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay for a coronary artery bypass graft operation required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown is payable regardless of the number of grafts performed during the operation.</p>	\$2,500
<p><b>Thromboendarterectomy:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay for a thromboendarterectomy operation required for the treatment of Heart Attack, Heart Disease or Stroke.</p>	\$2,500
<p><b>Heart Transplant:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay for the implantation of a natural human heart required for the treatment of Heart Attack, Heart Disease or Stroke. This benefit is payable only once per Covered Person.</p>	\$100,000
<p><b>Surgery and Anesthesia:</b> When for the treatment of Heart Attack, Stroke or Heart Disease, We will pay for the following benefits for Surgery performed in a Hospital or an Ambulatory Surgical Center, provided that the Surgery is required for the treatment of Heart Attack, Heart Disease or Stroke.</p> <p><b>1. Surgery:</b> See Surgical Schedule. If any surgical procedure for the treatment of Heart Attack, Heart Disease or Stroke other than those listed in the Surgical Schedule is performed, We will pay the unit value for a surgical procedure as set forth in the 1994 California Relative Value Schedule (C.R.V.S.) multiplied by \$17 per unit of coverage, up to a maximum of \$10,000 per unit of coverage. If the surgical procedure has no unit value or is not shown in the 1994 C.R.V.S., We will pay an amount we reasonably determine based upon relative difficulty and payment amounts for other procedures, up to a maximum of \$5,000 per unit of coverage.</p> <p><b>2. Anesthesia:</b> We will pay an additional percentage of the amount paid for benefit "P.1. Surgery" for anesthesia received by a Covered Person during the course of covered Surgery.</p> <p><b>3. Ambulatory Surgical Center:</b> We pay an additional amount when benefit "P.1. Surgery " is paid for an operation performed at an Ambulatory Surgical Center. This benefit does not pay for surgeries covered by other benefits in this Policy.</p>	<p>See Surgical Schedule</p> <p>25% of item P1</p> <p>\$250</p>
<p><b>Second Surgical Opinion:</b> We will pay the amount for a second opinion obtained after a positive diagnosis that results in a Physician recommending Surgery for the treatment of Heart Attack, Heart Disease or Stroke.</p>	\$100
<p><b>Ambulance:</b> We will pay for transfer by a licensed Ambulance service or a hospital owned Ambulance to a Hospital or emergency room for the treatment of Heart Attack, Heart Disease or Stroke.</p>	\$200 (double for air Ambulance)
<p><b>Non-Local Transportation:</b> We will pay the amount when a Covered Person requires Hospital Confinement for the treatment of Heart Attack, Heart Disease or Stroke prescribed by your local attending Physician that cannot be obtained locally. This benefit is payable only once per Continuous Hospital Confinement.</p>	\$200 per period of continuous Hospital Confinement
<p><b>Family Member Lodging &amp; Transportation:</b> We will pay the following benefits for a member of the Covered Person's family to be near the Covered Person when a Covered Person is confined in a Non-Local Hospital for the treatment of Heart Attack, Heart Disease or Stroke.</p> <p><b>Lodging:</b> We will pay the amount shown, per day, for a motel, hotel or other accommodations acceptable to us. This benefit is limited to 60 days for each period of continuous Hospital Confinement.</p>	<p>\$50 per day</p> <p>\$200 per period of continuous Hospital Confinement</p>
<p><b>Transportation:</b> We will pay the amount shown for each period of continuous Hospital Confinement when the Non-Local transportation benefit is paid and a family member travels more than 100 miles from his or her home to be near the Covered Person for a portion of his or her continuous Hospital Confinement.</p>	

## ***Exceptions and Other Limitations***

This policy provides benefits only for Heart Attack, Heart Disease or Stroke. This policy does not cover any other disease or sickness or incapacity other than Heart Attack, Heart Disease or Stroke even though such disease, sickness or incapacity may be caused, complicated or otherwise affected by Heart Attack, Heart Disease or Stroke.

If a covered confinement is due to more than one covered condition, benefits will be payable as though the confinement were due to one condition. If a confinement due to a covered disease is also due to a condition that is not covered, benefits will be payable only for the part of confinement attributable to the covered condition.

## ***Pre-Existing Condition Limitation***

Any loss due to a Pre-existing Condition will not be covered if the loss begins within 12 months after the Covered Person's Effective Date of Insurance. However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered:

- by a Replaced Policy; and
- by the Policy on its Initial Effective Date.

**Pre-Existing Condition** means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 12 months before the Covered Person's Effective Date of Insurance. It is also one which would cause a person to seek diagnosis or care within the same 12- month period.

## ***Payment of Benefits***

Benefits are payable for a Covered Person's Heart Attack, Heart Disease or Stroke Positive Diagnosis that begins after the Certificate Effective Date and while this Certificate has remained in force.

## ***Covered Persons***

**Covered Person** means an Eligible Employee or Eligible Dependent who is covered under the Policy. Persons eligible for coverage are shown on the Schedule.

**Eligible Dependents** means Your Spouse and Your Child(ren). We must approve eligibility of Your Spouse and Child(ren).

**Child (Children)** means the Primary Covered Person's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought); a child for whom the Primary Covered Person is required by a court order to provide medical support, and grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States; or
- Child on active military duty for a period in excess of 30 days.

## ***Portability***

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

## ***Option to Add Additional Benefits Intensive Care Insurance***

In consideration of additional premium, this coverage will provide you with benefits if you go into a intensive care unit (ICU).

### **Benefits**

Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

### **Hospital Intensive Care Confinement Benefit**

You may choose a benefit of \$100; \$200; \$300; \$400; \$500; \$600; \$700; or \$800 per day . It is reduced by one-half at age 75.

### **Step Down Unit**

We will pay a benefit equal to one half the benefit indicated on the application for confinement to a step down unit.

### **Double Benefits**

We will double the daily benefits for each day you are in ICU as a result of cancer or a specified disease. We will also double the benefit for an injury that results from:

- 1) being struck by an automobile, bus, truck, motorcycle, train, or airplane; or
- 2) being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of accident.

### **Emergency Hospitalization and Subsequent Transfer to an ICU**

We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU. You must be transferred within 48 hours.

### **Exceptions and Other Limitations**

#### **a. Exceptions.**

Except as provided in 2b. and 2d. above, coverage does not provide benefits for:

- 1) surgical recovery rooms;
- 2) progressive care;
- 3) intermediate care;
- 4) private monitored rooms;
- 5) observation units;
- 6) telemetry units; or other facilities which do not meet the standards for a intensive care unit.

#### **b. Limitations.**

Benefits are not payable:

- 1) if you go into ICU before the "Effective Date;"
- 2) if you go into ICU for intentionally self-inflicted bodily injury or suicide attempts;
- 3) if you go into ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotic. This would not apply if administered on the advice of a physician and taken according to the physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

### **Renewability**

As long as premiums are paid on time, you have the right to renew the Rider.

### **Premiums**

We have the right to change the premium for this Rider. The change in premium will apply to all riders of this form number issued in your state of residence.

**This is a limited policy. Upon receipt of your policy, please review it and your application.**

**This is not a medicare supplement policy. If you are eligible for medicare, see the Medicare Supplement Buyers guide available from the company. Retain this for your records! In all cases, consult your policy for full details.**

**If any information is incorrect, please contact us:**

**Administered by:**

**Bay Bridge Administrators**

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