

Hospital (SHOP)

This is a general comparison only and does not list every covered benefit. For a full listing of benefits please refer to the carrier benefits documents.

PLAN BENEFITS	METLIFE	ALLSTATE
Pre-Existing Clause	12 months prior; exclude for 12 months. Only applicable to Sickness-Hospital Benefits. Applies to new entrants only current employees currently enrolled does not apply. Mental Health not covered	Yes 12 Months
EOI	No	No
Portability	Yes	Yes
Benefit Reduction due to age	None	No

The biggest change between Allstate and MetLife is that Allstate had an increasing benefit for each year the enrollee stayed, enrolled up to 6 years maximum. The MetLife High Plan is a richer benefit versus the Allstate benefit in year 6.

Coverage	Low Plan	High Plan	Year 1	Year 2 (5% Increase to benefit no premium change)
Initial Hospital Confinement	\$830	\$1,050	\$830 Benefit	\$871.50 Benefit
ICU Admission (not in addition to initial hospital confinement; benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$830	\$1,050	\$830 Benefit	\$871.50 Benefit
Daily Hospital Confinement	\$330/Day 180 days per year	\$425/Day 180 days per year	\$330 Per Day/up to 180 days	\$346.50 Per Day
Hospital Intensive Care	\$330/Day additional 60 days per year in addition to hospital	\$425/Day additional 60 days per year in addition to hospital	\$330 Per Day/up to 60 days	\$346.50 Per Day
Surgery (coverage per unit varies from \$90.75 - \$825)	\$300	\$600	1 Unit of Coverage varies by type of surgery /up to 60 days	1 Unit of Coverage
Anesthesia	\$75	\$150	25% of Surgery Benefit	25% of Surgery Benefit
Inpatient Physicians Treatment (physician care in hospital not surgeon)	\$45	\$55	\$41 Per Day	\$43.05 Per Day
Outpatient Physicians Treatment (5 visits per year or 10 if elected spouse or children coverage/15 visits if family coverage)	\$45	\$55	\$41 per visit	\$43.05 Per Visit
Outpatient Emergency Accident	\$300 (1 per year)	\$600 (1 per year)	\$415 Per Occurrence	\$435.75 Per Occurrence
At Home Nursing	\$85/30 days (60 days per lifetime)	\$105/30 days (60 days per lifetime)	\$83 Per Day (total of 30 visits within the 60 days following a covered hospital confinement)	\$87.15 Per Day (total of 30 visits within the 60 days following a covered hospital confinement)
Ambulance (3 per year)	\$250	\$325	\$249	\$261.45
Non Local Transportation (3 per year)	Not Listed	Not Listed	\$249 Per Round Trip	\$261.45 Per Round Trip
Emergency Care (1 time per year)	\$400/ 1 time per year	\$500/1 time per year	Not Listed	Not Listed
New born confinement	\$25 2 days per confinement	\$50 2 days per confinement	Excluded	Excluded
	Includes MetLife Will Preparation Services			
	Includes MetLife Vision Access Discount Program through VSP			

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MetLife Rates		
	Low Plan	High Plan
Employee Only	\$39.83	\$61.58
Employee & Spouse	\$74.49	\$126.86
Employee & Children	\$62.84	\$105.30
Employee & Family	\$99.83	\$170.58

AllState Rates					
Issue Age	18-35	36-49	50-59	60-64	65-69
Employee Only	\$ 31.95	\$ 37.44	\$ 46.42	\$ 62.80	\$ 83.43
Employee & Spouse	\$ 60.30	\$ 70.92	\$ 91.26	\$ 124.56	\$ 166.86
Employee & Children	\$ 51.62	\$ 59.62	\$ 68.29	\$ 82.44	\$ 103.68
Employee & Family	\$ 78.85	\$ 91.93	\$ 89.92	\$ 143.21	\$ 185.33