

# Critical Illness Insurance Plan Summary

## COVERAGE OPTIONS

Critical Illness Insurance		
Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work. <sup>3</sup>
Spouse/Domestic Partner <sup>1</sup>	50% of the employee's Initial Benefit	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>3</sup>
Dependent Child(ren) <sup>2</sup>	50% of the employee's Initial Benefit	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>3</sup>

## BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit<sup>4</sup> for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$30,000 or \$60,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer <sup>5</sup>	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer <sup>5</sup>	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke <sup>6</sup>	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft <sup>7</sup>	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease <sup>8</sup>	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

### 22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one benefit payment for one Listed Condition in his/her lifetime. The Listed Conditions are 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; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

### Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$10,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$30,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack – first diagnosis	Initial Benefit payment of \$10,000 or 100%	\$20,000
Heart Attack – second diagnosis, two years later	Recurrence Benefit payment of \$5,000 or 50%	\$10,000
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of \$10,000 or 100%	\$0

## SUPPLEMENTAL BENEFITS

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

### Health Screening Benefit<sup>10</sup>

After your coverage has been in effect for thirty days, MetLife will provide an annual benefit\* of \$100 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

\*The Health Screening Benefit amount depends upon the Initial Benefit Amount selected. Employees would receive a \$100 benefit with the \$10,000 or \$20,000 Initial Benefit Amount.

Eligible screening/prevention measures may include:

• annual physical exam	• flexible sigmoidoscopy
• biopsies for cancer	• hemoccult stool specimen
• blood test to determine total cholesterol	• hemoglobin A1C
• blood test to determine triglycerides	• human papillomavirus (HPV) vaccination
• bone marrow testing	• lipid panel
• breast MRI	• mammogram
• breast ultrasound	• oral cancer screening
• breast sonogram	• pap smears or thin prep pap test
• cancer antigen 15-3 blood test for breast cancer (CA 15-3)	• prostate-specific antigen (PSA) test
• cancer antigen 125 blood test for ovarian cancer (CA 125)	• serum cholesterol test to determine LDL and HDL levels
• carcinoembryonic antigen blood test for colon cancer (CEA)	• serum protein electrophoresis
• carotid doppler	• skin cancer biopsy
• chest x-rays	• skin cancer screening
• clinical testicular exam	• skin exam
• colonoscopy	• stress test on bicycle or treadmill
• digital rectal exam (DRE)	• successful completion of smoking cessation program
• Doppler screening for cancer	• tests for sexually transmitted infections (STIs)
• Doppler screening for peripheral vascular disease	• thermography
• echocardiogram	• two hour post-load plasma glucose test
• electrocardiogram (EKG)	• ultrasounds for cancer detection
• endoscopy	• ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
• fasting blood glucose test	• virtual colonoscopy
• fasting plasma glucose test	

## INSURANCE RATES

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

### Semi - Monthly Premium/\$1,000 of Coverage (Non-Tobacco) \$10,000 Benefit

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$2.60	\$4.50	\$4.45	\$6.35
25-29	\$2.75	\$4.70	\$4.55	\$6.55
30-34	\$3.30	\$5.60	\$5.15	\$7.40
35-39	\$3.65	\$6.15	\$5.50	\$7.95
40-44	\$4.15	\$6.95	\$6.00	\$8.75
45-49	\$5.70	\$9.30	\$7.50	\$11.15
50-54	\$7.80	\$12.60	\$9.60	\$14.45
55-59	\$10.60	\$17.00	\$12.40	\$18.85
60-64	\$14.15	\$22.70	\$15.95	\$24.50
65-69	\$19.20	\$30.75	\$21.05	\$32.60
70+	\$28.10	\$44.55	\$29.95	\$46.35

### Semi - Monthly Premium/\$1,000 of Coverage (Tobacco) \$10,000 Benefit Amount

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$3.60	\$5.95	\$5.40	\$7.80
25-29	\$3.80	\$6.30	\$5.60	\$8.10
30-34	\$4.80	\$7.80	\$6.65	\$9.60
35-39	\$5.45	\$8.75	\$7.25	\$10.60
40-44	\$6.30	\$10.20	\$8.15	\$12.00
45-49	\$9.10	\$14.50	\$10.90	\$16.30
50-54	\$12.90	\$20.55	\$14.75	\$22.40
55-59	\$18.15	\$28.75	\$19.95	\$30.60
60-64	\$24.15	\$38.35	\$26.00	\$40.15
65-69	\$33.05	\$52.60	\$34.85	\$54.40
70+	\$48.80	\$77.00	\$50.65	\$78.80

### Semi - Monthly Premium/\$1,000 of Coverage (Non-Tobacco) \$20,000 Benefit

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$5.20	\$9.00	\$8.90	\$12.70
25-29	\$5.50	\$9.40	\$9.10	\$13.10
30-34	\$6.60	\$11.20	\$10.30	\$14.80
35-39	\$7.30	\$12.30	\$11.00	\$15.90
40-44	\$8.30	\$13.90	\$12.00	\$17.50
45-49	\$11.40	\$18.60	\$15.00	\$22.30
50-54	\$15.60	\$25.20	\$19.20	\$28.90
55-59	\$21.20	\$34.00	\$24.80	\$37.70
60-64	\$28.30	\$45.40	\$31.90	\$49.00
65-69	\$38.40	\$61.50	\$42.10	\$65.20
70+	\$56.20	\$89.10	\$59.90	\$92.70

**Semi - Monthly Premium/\$1,000 of Coverage (Tobacco)  
\$20,000 Benefit**

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$7.20	\$11.90	\$10.80	\$15.60
25–29	\$7.60	\$12.60	\$11.20	\$16.20
30–34	\$9.60	\$15.60	\$13.30	\$19.20
35–39	\$10.90	\$17.50	\$14.50	\$21.20
40–44	\$12.60	\$20.40	\$16.30	\$24.00
45–49	\$18.20	\$29.00	\$21.80	\$32.60
50–54	\$25.80	\$41.10	\$29.50	\$44.80
55–59	\$36.30	\$57.50	\$39.90	\$61.20
60–64	\$48.30	\$76.70	\$52.00	\$80.30
65–69	\$66.10	\$105.20	\$69.70	\$108.80
70+	\$97.60	\$154.00	\$101.30	\$157.60

## QUESTIONS & ANSWERS

### Who is eligible to enroll?

Regular active full-time employees who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.<sup>3</sup>

### How do I pay for coverage?

Coverage is paid through convenient payroll deduction.

### What is the coverage effective date?

The coverage effective date is 07/01/2020.

### If I Leave the Company, Can I Keep My Coverage?<sup>11</sup>

Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

### Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Please call MetLife directly at 1-855-JOIN-MET (1-855-564-6638), Monday through Friday from 8:00 a.m. to 8 p.m., EST and talk with a benefits consultant.

---

#### Footnotes:

<sup>1</sup> Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>2</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>3</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents 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 apply to dependents serving in the armed forces or living overseas.

Coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents 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 apply to dependents serving in the armed forces or living overseas.

<sup>4</sup> We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.

<sup>5</sup> Please review the Disclosure Statement or 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. For NH-situated cases and NH residents, there is an initial benefit of \$100 for All Other Cancers.

<sup>6</sup> In certain states, the covered condition is Severe Stroke.

<sup>7</sup> In NJ situated cases, the Covered Condition is Coronary Artery Disease.

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

<sup>10</sup> The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods. There is a separate mammogram benefit for MT residents and for cases situated in CA and MT.

<sup>11</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

**METLIFE'S 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. After a covered condition occurs, there is a benefit suspension period during which benefits will not be paid for a recurrence, except in the case of individuals covered under a New York certificate. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. A more detailed description of the benefits, limitations, and exclusions applicable 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 or 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.

