

Critical Illness Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

Eligible Individual	Initial Benefit	Requirements
Coverage Options		
Team Member	\$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse²	50% of the Team Member's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹
Dependent Child(ren)³	50% of the Team Member'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. ¹

Benefit Payment

Your **Initial Benefit** provides a lump-sum payment upon the first verified diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ for the following Covered Conditions: Heart Attack, Stroke,⁵ Coronary Artery Bypass Graft, Full Benefit Cancer⁶ and Partial Benefit Cancer.⁶ 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 4 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 400% or \$40,000 or \$80,000.

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

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁷	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
Occupational HIV ⁸	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

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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 \$20,000 and has a Total Benefit of 4 times the Initial Benefit Amount or \$80,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack — first verified diagnosis	Initial Benefit payment of \$20,000 or 100%	\$60,000
Heart Attack — second verified diagnosis, two years later	Recurrence Benefit payment of \$10,000 or 50%	\$50,000
Kidney Failure — first verified diagnosis, three years later	Initial Benefit payment of \$20,000 or 100%	\$30,000

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

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 Benefit⁹

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.

Questions & Answers

Q. Who is eligible to enroll?

A. Regular active full-time employees who are actively at work along with their spouse and dependent children can enroll for MetLife Critical Illness Insurance coverage.¹

Q. How do I pay for coverage?

A. Coverage is paid through payroll deduction.

Q. If I Leave the Company, Can I Keep My Coverage?¹⁰

A. 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.

Q. Who do I call for assistance?

A. Call MetLife at 1-800-GET-MET8 (1-800-438-6388), Monday through Friday, 8 a.m. to 8 p.m. ET.



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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.

Bi-weekly Premium for \$10,000 of Coverage (Non-Tobacco / Tobacco User)

Attained Age	Team Member Only	Team Member + Spouse	Team Member + Children	Team Member + Spouse/Children
<25	\$2.30 / \$3.60	\$4.10 / \$6.20	\$2.90 / \$4.20	\$4.70 / \$7.00
25–29	\$2.40 / \$3.80	\$4.30 / \$6.60	\$3.10 / \$4.50	\$5.00 / \$7.40
30–34	\$2.90 / \$4.60	\$5.30 / \$8.10	\$3.80 / \$5.50	\$6.10 / \$9.10
35–39	\$3.20 / \$5.10	\$5.90 / \$9.10	\$4.20 / \$ 6.20	\$6.80 / \$10.20
40–44	\$3.90 / \$6.30	\$7.30 / \$11.20	\$5.20 / \$7.60	\$8.40 / \$12.60
45–49	\$4.60 / \$7.40	\$8.60 / \$13.10	\$6.10 / \$8.90	\$9.80 / \$14.80
50–54	\$5.40 / \$8.60	\$10.00 / \$15.20	\$7.10 / \$10.40	\$11.40 / \$17.20
55–59	\$7.70 / \$12.90	\$14.60 / \$23.20	\$9.80 / \$15.00	\$16.20 / \$25.70
60–64	\$8.00 / \$13.40	\$15.30 / \$24.40	\$9.80 / \$15.20	\$16.50 / \$26.70
65–69	\$9.40 / \$14.00	\$17.90 / \$25.50	\$11.10 / \$15.50	\$18.90 / \$27.50
70+	\$11.60 / \$15.30	\$21.50 / \$27.00	\$13.30 / \$16.70	\$22.30 / \$28.90

Bi-weekly Premium for \$20,000 of Coverage (Non-Tobacco / Tobacco User)

Attained Age	Team Member Only	Team Member + Spouse	Team Member + Children	Team Member + Spouse/Children
<25	\$4.60 / \$7.20	\$8.20 / \$12.40	\$5.80 / \$8.40	\$9.40 / \$14.00
25–29	\$4.80 / \$7.60	\$8.60 / \$13.20	\$6.20 / \$9.00	\$10.00 / \$14.80
30–34	\$5.80 / \$9.20	\$10.60 / \$16.20	\$7.60 / \$11.00	\$12.20 / \$18.20
35–39	\$6.40 / \$10.20	\$11.80 / \$18.20	\$8.40 / \$12.40	\$13.60 / \$20.40
40–44	\$7.80 / \$12.60	\$14.60 / \$22.40	\$10.40 / \$15.20	\$16.80 / \$25.20
45–49	\$9.20 / \$14.80	\$17.20 / \$26.20	\$12.20 / \$17.80	\$19.60 / \$29.60
50–54	\$10.80 / \$17.20	\$20.00 / \$30.40	\$14.20 / \$20.80	\$22.80 / \$34.40
55–59	\$15.40 / \$25.80	\$29.20 / \$46.40	\$19.60 / \$30.00	\$32.40 / \$51.40
60–64	\$16.00 / \$26.80	\$30.60 / \$48.80	\$19.60 / \$30.40	\$33.00 / \$53.40
65–69	\$18.80 / \$28.00	\$35.80 / \$51.00	\$22.20 / \$31.00	\$37.80 / \$55.00
70+	\$23.20 / \$30.60	\$43.00 / \$54.00	\$26.60 / \$33.40	\$44.60 / \$57.80

Rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. Rates are subject to change. Please refer to the Disclosure Statement or Outline of Coverage/Disclosure Document for more information including the exclusions and limitations which apply to coverage.

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- ¹ 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.
- 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 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.
- ⁵ In certain states, the covered condition is Severe Stroke.
- ⁶ 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. Skin Cancer is covered at 5% of the Initial Benefit Amount (but not less than \$250).
- ⁷ Please review the Outline of Coverage for specific information about Alzheimer's Disease.
- ⁸ The Occupational HIV benefit is not available with all plans or in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about the Occupational HIV benefit if it is available to you.
- ⁹ 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.
- ¹⁰ 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. In most plans, there is a preexisting condition exclusion. 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.

