

# Critical Illness Insurance Plan Summary

## COVERAGE OPTIONS

Critical Illness Insurance		
Eligible Individual	Initial Benefit	Requirements
Employee	\$5,000-\$50,000 in \$5,000 increments	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> equal to the Initial Benefit 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% of elected benefit or \$90,000.

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	None
Partial Benefit Cancer <sup>5</sup>	25% of Initial Benefit	25% of Initial Benefit
Heart Attack	100% of Initial Benefit	100% of Initial Benefit
Stroke <sup>6</sup>	100% of Initial Benefit	100% of Initial Benefit
Coronary Artery Bypass Graft	100% of Initial Benefit	100% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease <sup>7</sup>	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
Occupational HIV <sup>8</sup>	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 for each of the 22 Listed Conditions until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each 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 \$30,000 and has a Total Benefit of 3 times the elected benefit which is \$90,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack – first diagnosis	Initial Benefit payment of \$30,000 or 100%	\$60,000
Heart Attack – second diagnosis, two years later	Recurrence Benefit payment of \$30,000 or 100%	\$30,000
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of \$30,000 or 100%	\$0

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.

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the twelve months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first twelve months of coverage. The preexisting condition limitation does not apply to occupational HIV, heart attack or stroke.

**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>9</sup>**

MetLife will provide an annual benefit of \$50 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.

Eligible screening/prevention measures include:

• routine health check-up exam	• fasting blood glucose test
• biopsies for cancer	• fasting plasma glucose test
• blood chemistry panel	• flexible sigmoidoscopy
• blood test to determine total cholesterol	• hearing test
• blood test to determine triglycerides	• hemocult stool specimen
• bone marrow testing	• hemoglobin A1C
• breast MRI	• human papillomavirus (HPV) vaccination
• breast ultrasound	• immunization
• breast sonogram	• lipid panel
• cancer antigen 15-3 blood test for breast cancer (CA 15-3)	• mammogram
• cancer antigen 125 blood test for ovarian cancer (CA 125)	• oral cancer screening
• carcinoembryonic antigen blood test for colon cancer (CEA)	• pap smears or thin prep pap test
• carotid doppler	• prostate-specific antigen (PSA) test
• chest x-rays	• serum cholesterol test to determine LDL and HDL levels
• clinical testicular exam	• serum protein electrophoresis
• colonoscopy	• skin cancer biopsy
• complete blood count (CBC)	• skin cancer screening
• dental exam	• skin exam
• digital rectal exam (DRE)	• stress test on bicycle or treadmill
• Doppler screening for cancer	• successful completion of smoking cessation program
• Doppler screening for peripheral vascular disease	• tests for sexually transmitted infections (STIs)

• echocardiogram	• thermography
• electrocardiogram (EKG)	• two hour post-load plasma glucose test
• electroencephalogram (EEG)	• ultrasounds for cancer detection
• endoscopy	• ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
• eye exam	• virtual colonoscopy

## 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.

### Employee Monthly Premium Structure (Non-Tobacco)

Attained Age	Rate Per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
<30	\$0.66	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$26.40	\$33.00
30 - 39	\$0.96	\$4.80	\$9.60	\$14.40	\$19.20	\$24.00	\$28.80	\$38.40	\$48.00
40 - 49	\$1.58	\$7.90	\$15.80	\$23.70	\$31.60	\$39.50	\$47.40	\$63.20	\$79.00
50 - 59	\$2.62	\$13.10	\$26.20	\$39.30	\$52.40	\$65.50	\$78.60	\$104.80	\$131.00
60 - 69	\$3.98	\$19.90	\$39.80	\$59.70	\$79.60	\$99.50	\$119.40	\$159.20	\$199.00
70+	\$8.32	\$41.60	\$83.20	\$124.80	\$166.40	\$208.00	\$249.60	\$332.80	\$416.00

### Employee Monthly Premium Structure (Tobacco)

Attained Age	Rate Per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
<30	\$0.82	\$4.10	\$8.20	\$12.30	\$16.40	\$20.50	\$24.60	\$32.80	\$41.00
30 - 39	\$1.32	\$6.60	\$13.20	\$19.80	\$26.40	\$33.00	\$39.60	\$52.80	\$66.00
40 - 49	\$2.66	\$13.30	\$26.60	\$39.90	\$53.20	\$66.50	\$79.80	\$106.40	\$133.00
50 - 59	\$4.98	\$24.90	\$49.80	\$74.70	\$99.60	\$124.50	\$149.40	\$199.20	\$249.00
60 - 69	\$9.00	\$45.00	\$90.00	\$135.00	\$180.00	\$225.00	\$270.00	\$360.00	\$450.00
70+	\$15.40	\$77.00	\$154.00	\$231.00	\$308.00	\$385.00	\$462.00	\$616.00	\$770.00

### Spouse Monthly Premium Structure (Non-Tobacco)

Attained Age	Rate Per \$1,000	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$20,000	\$25,000
<30	\$0.66	\$1.65	\$3.30	\$4.95	\$6.60	\$8.25	\$9.90	\$13.20	\$16.50
30 - 39	\$0.96	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$19.20	\$24.00
40 - 49	\$1.58	\$3.95	\$7.90	\$11.85	\$15.80	\$19.75	\$23.70	\$31.60	\$39.50
50 - 59	\$2.62	\$6.55	\$13.10	\$19.65	\$26.20	\$32.75	\$39.30	\$52.40	\$65.50
60 - 69	\$3.98	\$9.95	\$19.90	\$29.85	\$39.80	\$49.75	\$59.70	\$79.60	\$99.50
70+	\$8.32	\$20.80	\$41.60	\$62.40	\$83.20	\$104.00	\$124.80	\$166.40	\$208.00

### Spouse Monthly Premium Structure (Tobacco)

Attained Age	Employee Rate Per \$1,000	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$20,000	\$25,000
<30	\$0.82	\$2.05	\$4.10	\$6.15	\$8.20	\$10.25	\$12.30	\$16.40	\$20.50
30 - 39	\$1.32	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$26.40	\$33.00
40 - 49	\$2.66	\$6.65	\$13.30	\$19.95	\$26.60	\$33.25	\$39.90	\$53.20	\$66.50
50 - 59	\$4.98	\$12.45	\$24.90	\$37.35	\$49.80	\$62.25	\$74.70	\$99.60	\$124.50
60 - 69	\$9.00	\$22.50	\$45.00	\$67.50	\$90.00	\$112.50	\$135.00	\$180.00	\$225.00
70+	\$15.40	\$38.50	\$77.00	\$115.50	\$154.00	\$192.50	\$231.00	\$308.00	\$385.00

### Child(ren) Monthly Premium Structure

Age	Rate Per \$1,000	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$20,000	\$25,000
to Age 26	\$0.14	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.80	\$3.50

## 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 9/1/2018.

### If I Leave the Company, Can I Keep My Coverage?<sup>10</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. Individuals with a TTY may call 1-800-855-2880.

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.

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

<sup>8</sup> 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.

<sup>9</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>10</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. There is a preexisting condition exclusion. There is a Benefit Suspension Period between Recurrences. Attained Age 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. A more detailed description of the benefits, limitations, and exclusions 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 or GPNP10-CI, or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.



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