



## Critical Illness Insurance

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.

### Critical Illness Insurance Benefits – Option 1 and Option 3

| Eligible Individual                        | Benefit Amount                                | Requirements                                                                                                                                                                                                      |
|--------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Coverage Options</b>                    |                                               |                                                                                                                                                                                                                   |
| <b>Employee</b>                            | <b>\$15,000 or \$30,000</b>                   | Coverage is guaranteed provided you are actively at work. <sup>1</sup>                                                                                                                                            |
| <b>Spouse/Domestic Partner<sup>2</sup></b> | <b>100% of the Employee's Initial Benefit</b> | 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>1</sup> |
| <b>Dependent Child(ren)<sup>3</sup></b>    | <b>50% of the Employee's Initial Benefit</b>  | 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>1</sup>               |

### Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit<sup>4</sup>** for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

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

| Covered Conditions*                                                                                                                          | Initial Benefit                                | Recurrence Benefit             |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|
| <b>Autism Spectrum Disorder Category</b>                                                                                                     |                                                |                                |
| Autism Spectrum Disorder<br><i>Payable for a dependent child for a diagnosis of any severity</i>                                             | 25% of Benefit Amount                          | None                           |
| <b>Benign Tumor Category</b>                                                                                                                 |                                                |                                |
| Benign Brain Tumor                                                                                                                           | 100% of Benefit Amount                         | 100% of Initial Benefit Amount |
| <b>Cancer Category</b>                                                                                                                       |                                                |                                |
| Invasive Cancer                                                                                                                              | 100% of Benefit Amount                         | 100% of Initial Benefit Amount |
| Non-Invasive Cancer                                                                                                                          | 25% of Benefit Amount                          | 100% of Initial Benefit Amount |
| Skin Cancer                                                                                                                                  | 25% of Benefit Amount, but not less than \$250 | None                           |
| <b>Cardiovascular Disease Category</b>                                                                                                       |                                                |                                |
| Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i> | 100% of Benefit Amount                         | 100% of Initial Benefit Amount |
| Coronary Angioplasty (Percutaneous Coronary Intervention)                                                                                    | 10% of Benefit Amount                          | 100% of Initial Benefit Amount |



## Critical Illness Insurance

| Childhood Disease Category                                                                                                          |                        |                         |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| Cerebral Palsy                                                                                                                      | 25% of Benefit Amount  | None                    |
| Cleft Lip or Cleft Palate                                                                                                           | 100% of Benefit Amount | None                    |
| Congenital Heart Disease (for which Surgery has been recommended for treatment)                                                     | 100% of Benefit Amount | None                    |
| Cystic Fibrosis                                                                                                                     | 25% of Benefit Amount  | None                    |
| Diabetes (Type 1)                                                                                                                   | 100% of Benefit Amount | None                    |
| Down Syndrome                                                                                                                       | 100% of Benefit Amount | None                    |
| Gaucher Disease (Type 2 or Type 3)                                                                                                  | 100% of Benefit Amount | None                    |
| Glycogen Storage Disease (Type IV)                                                                                                  | 100% of Benefit Amount | None                    |
| Infantile Tay Sachs Disease                                                                                                         | 100% of Benefit Amount | None                    |
| Niemann-Pick Disease                                                                                                                | 100% of Benefit Amount | None                    |
| Pompe Disease                                                                                                                       | 100% of Benefit Amount | None                    |
| Sickle Cell Anemia                                                                                                                  | 100% of Benefit Amount | None                    |
| Spina Bifida                                                                                                                        | 100% of Benefit Amount | None                    |
| Zellweger Syndrome                                                                                                                  | 100% of Benefit Amount | None                    |
| Functional Loss Category                                                                                                            |                        |                         |
| Coma                                                                                                                                | 100% of Benefit Amount | 100% of Initial Benefit |
| Loss of: Ability to Speak; Hearing; or Sight                                                                                        | 100% of Benefit Amount | None                    |
| Paralysis of 2 or More Limbs                                                                                                        | 100% of Benefit Amount | 100% of Initial Benefit |
| Heart Attack Category                                                                                                               |                        |                         |
| Heart Attack                                                                                                                        | 100% of Benefit Amount | 100% of Initial Benefit |
| Sudden Cardiac Arrest                                                                                                               | 25% of Benefit Amount  | None                    |
| Infectious Disease Category                                                                                                         |                        |                         |
| <i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.</i> |                        |                         |
| Anthrax                                                                                                                             | 25% of Benefit Amount  | 100% of Initial Benefit |
| Bacterial Cerebrospinal Meningitis                                                                                                  | 25% of Benefit Amount  | 100% of Initial Benefit |
| COVID-19                                                                                                                            | 25% of Benefit Amount  | None                    |
| Diphtheria                                                                                                                          | 25% of Benefit Amount  | 100% of Initial Benefit |
| Encephalitis                                                                                                                        | 25% of Benefit Amount  | 100% of Initial Benefit |
| Legionnaire's Disease                                                                                                               | 25% of Benefit Amount  | 100% of Initial Benefit |
| Lyme Disease                                                                                                                        | 25% of Benefit Amount  | None                    |
| Malaria                                                                                                                             | 25% of Benefit Amount  | 100% of Initial Benefit |
| Methicillin-Resistant Staphylococcus Aureus (MRSA)                                                                                  | 25% of Benefit Amount  | None                    |
| Necrotizing Fasciitis                                                                                                               | 25% of Benefit Amount  | 100% of Initial Benefit |
| Osteomyelitis                                                                                                                       | 25% of Benefit Amount  | 100% of Initial Benefit |
| Pertussis (Whooping Cough)                                                                                                          | 25% of Benefit Amount  | 100% of Initial Benefit |
| Rabies                                                                                                                              | 25% of Benefit Amount  | None                    |
| Rocky Mountain Spotted Fever                                                                                                        | 25% of Benefit Amount  | 100% of Initial Benefit |
| Sepsis                                                                                                                              | 25% of Benefit Amount  | None                    |
| Tetanus                                                                                                                             | 25% of Benefit Amount  | 100% of Initial Benefit |

## Critical Illness Insurance

|                                                                                                                               |                        |                         |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| Tuberculosis                                                                                                                  | 25% of Benefit Amount  | 100% of Initial Benefit |
| Typhoid Fever                                                                                                                 | 25% of Benefit Amount  | 100% of Initial Benefit |
| <b>Kidney Failure Category</b>                                                                                                |                        |                         |
| Kidney Failure                                                                                                                | 100% of Benefit Amount | 100% of Initial Benefit |
| <b>Major Organ Transplant Category</b>                                                                                        |                        |                         |
| Major Organ Transplant<br><i>For bone marrow, heart, lung, pancreas, and liver</i>                                            | 100% of Benefit Amount | 100% of Initial Benefit |
| Major Organ Transplant Donation<br><i>For bone marrow, intestine, kidney, liver or pancreas</i>                               | 100% of Benefit Amount | None                    |
| <b>Occupational Exposure Category</b>                                                                                         |                        |                         |
| Occupational Hepatitis                                                                                                        | 100% of Benefit amount | None                    |
| <b>Progressive Disease Category</b>                                                                                           |                        |                         |
| Adrenal Hypofunction (Addison's Disease)                                                                                      | 100% of Benefit Amount | None                    |
| ALS                                                                                                                           | 100% of Benefit Amount | None                    |
| Alzheimer's Disease                                                                                                           | 100% of Benefit Amount | None                    |
| Huntington's Disease                                                                                                          | 100% of Benefit Amount | None                    |
| Multiple Sclerosis                                                                                                            | 25% of Benefit Amount  | None                    |
| Muscular Dystrophy                                                                                                            | 100% of Benefit Amount | None                    |
| Myasthenia Gravis                                                                                                             | 25% of Benefit Amount  | None                    |
| Other Dementia                                                                                                                | 100% of Benefit Amount | None                    |
| Parkinson's Disease (Advanced)                                                                                                | 100% of Benefit Amount | None                    |
| Poliomyelitis                                                                                                                 | 100% of Benefit Amount | None                    |
| Primary Sclerosing Cholangitis (Walter Payton's Disease)                                                                      | 25% of Benefit Amount  | None                    |
| Pulmonary Fibrosis (Idiopathic)                                                                                               | 100% of Benefit Amount | None                    |
| Systemic Lupus Erythematosus (SLE)                                                                                            | 25% of Benefit Amount  | None                    |
| Systemic Sclerosis (Scleroderma)                                                                                              | 100% of Benefit Amount | None                    |
| <b>Severe Burn Category</b>                                                                                                   |                        |                         |
| Severe Burn                                                                                                                   | 100% of Benefit Amount | 100% of Initial Benefit |
| <b>Stroke Category</b>                                                                                                        |                        |                         |
| Stroke                                                                                                                        | 100% of Benefit Amount | 100% of Initial Benefit |
| Transient Ischemic Attack                                                                                                     | 25% of Benefit Amount  | 100% of Initial Benefit |
| <b>Vascular Disease Category</b>                                                                                              |                        |                         |
| Aneurysm<br><i>Abdominal Aortic or Thoracic Aortic Aneurysm; Carotid, Cerebral or Renal Aneurysm (Ruptured or Dissecting)</i> | 100% of Benefit Amount | 100% of Initial Benefit |
| Pulmonary Embolism                                                                                                            | 100% of Benefit Amount | 100% of Initial Benefit |

### \* Notes Regarding Covered Conditions

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.

## Critical Illness Insurance

- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
  - Coma
  - Congenital Heart Disease (for which Surgery has been recommended for treatment)
  - Coronary Angioplasty
  - Loss of: Ability to Speak; Hearing; or Sight
  - Major Organ Transplant Donation
  - Paralysis
  - Severe Burn

**GUAM, NEW MEXICO AND WASHINGTON RESIDENTS:** Please refer to the Disclosure Document/Outline of Coverage for the terms of your coverage which may differ materially from what is shown in this plan summary.

**Health Screening Benefit** MetLife will provide an annual benefit of \$100 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in all states.

### Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$15,000.

| Illness – Covered Condition                                | Payment                                        |
|------------------------------------------------------------|------------------------------------------------|
| Heart Attack — first verified diagnosis                    | Initial Benefit payment of \$15,000 or 100%    |
| Kidney Failure – first verified diagnosis, two years later | Initial Benefit payment of \$15,000 or 100%    |
| Heart Attack — second verified diagnosis, four years later | Recurrence Benefit payment of \$15,000 or 100% |

**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.**

## Questions & Answers

### Q. Who is eligible to enroll for this critical illness coverage?

**A. You are eligible to enroll yourself and your eligible family members!**<sup>5</sup> You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

### Q. How do I pay for my critical illness coverage?

**A. Premiums will be paid through payroll deduction**, so you don't have to worry about writing a check or missing a payment.

### Q. What happens if my employment status changes? Can I take my coverage with me?

**A. Yes, you can take your coverage with you.**<sup>6</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

### Q. Who do I call for assistance?

**A. 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. Or visit our website: [mybenefits.metlife.com](https://mybenefits.metlife.com).**

<sup>1</sup> For all groups except CA situs Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered 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.

<sup>2</sup> Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>3</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

## Critical Illness Insurance

<sup>4</sup> Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

<sup>5</sup> Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>6</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 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 may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product 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, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please 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