

### Effective July 1, 2023 - June 30, 2024

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**

| Eligible Individual                  | Initial Benefit                       | Requirements  |
|--------------------------------------|---------------------------------------|---|
| Coverage Options                     |                                       |   |
| Employee                             | \$10,000, \$20,000 or \$30,000        | Coverage is guaranteed provided you are actively at work. <sup>1</sup>  |
| Spouse/Domestic Partner <sup>2</sup> | 50% of the Employee's Initial Benefit | Coverage is guaranteed provided<br>the employee is actively at work and the<br>spouse/domestic partner is not subject to a<br>medical restriction as set forth on the enrollment<br>form and in the Certificate. <sup>1</sup> |
| Dependent Child(ren) <sup>3</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>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 lumpsum **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             |
|--|--|--------------------------------|
| Benign Tumor Category  |  |                                |
| Benign Brain Tumor   | 100% of Benefit Amount                           | 100% of Initial Benefit Amount |
| Cancer Category  |  |                                |
| Invasive Cancer  | 100% of Benefit Amount                           | 100% of Initial Benefit Amount |
| Non-Invasive Cancer  | 100% of Benefit Amount                           | 100% of Initial Benefit Amount |
| Skin Cancer  | 5% of Benefit Amount,<br>but not less than \$250 | None                           |
| Cardiovascular Disease Category  |  |                                |
| Coronary Artery Bypass Graft (CABG) -<br>where surgery involving either a median | 100% of Benefit Amount                           | 50% of Initial Benefit Amount  |



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| sternotomy or minimally invasive procedure is<br>performed                  |   |                                    |
|---|---|------------------------------------|
| Childhood Disease Category  |   |                                    |
| Cerebral Palsy  | 100% of Benefit Amount                    | None                               |
| Cleft Lip or Cleft Palate   | 100% of Benefit Amount                    | None                               |
| Cystic Fibrosis   | 100% of Benefit Amount                    | None                               |
| Diabetes (Type 1)   | 100% of Benefit Amount                    | None                               |
| Down Syndrome   | 100% of Benefit Amount                    | None                               |
| Sickle Cell Anemia  | 100% of Benefit Amount                    | None                               |
| Spina Bifida  | 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                    | None                               |
| Heart Attack Category   |   |                                    |
| Heart Attack  | 100% of Benefit Amount                    | 100% of Initial Benefit            |
| Sudden Cardiac Arrest   | 50% of Benefit Amount                     | None                               |
| Payable upon death Infectious Disease Category                              |   |                                    |
| For a benefit to be payable, the covered person mus                         | st have been treated for the disease in a | hospital for [5] consecutive days. |
| Bacterial Cerebrospinal Meningitis  | 25% of Benefit Amount                     | None                               |
| COVID-19  | 25% of Benefit Amount                     | None                               |
| Encephalitis  | 25% of Benefit Amount                     | None                               |
| Legionnaire's Disease   | 25% of Benefit Amount                     | None                               |
| Malaria   | 25% of Benefit Amount                     | None                               |
| Necrotizing Fasciitis   | 25% of Benefit Amount                     | None                               |
| Osteomyelitis   | 25% of Benefit Amount                     | None                               |
| Rabies  | 25% of Benefit Amount                     | None                               |
| Tetanus   | 25% of Benefit Amount                     | None                               |
| Tuberculosis  | 25% of Benefit Amount                     | None                               |
| Kidney Failure Category   |   |                                    |
| Kidney Failure  | 100% of Benefit Amount                    | None                               |
| Major Organ Transplant Category   |   |                                    |
| Major Organ Transplant<br>For bone marrow, heart, lung, pancreas, and liver | 100% of Benefit Amount                    | None                               |
| Progressive Disease Category  |   |                                    |
| ALS   | 100% of Benefit Amount                    | None                               |
| Alzheimer's Disease   | 100% of Benefit Amount                    | None                               |
| Multiple Sclerosis  | 100% of Benefit Amount                    | None                               |
| Muscular Dystrophy  | 100% of Benefit Amount                    | None                               |
| Parkinson's Disease (Advanced)  | 100% of Benefit Amount                    | None                               |
| Systemic Lupus Erythematosus (SLE)  | 100% of Benefit Amount                    | None                               |
| Severe Burn Category  |   |                                    |
| Severe Burn   | 100% of Benefit Amount                    | 100% of Initial Benefit            |



| Stroke Category |                        |                        |
|-----------------|------------------------|------------------------|
| Stroke          | 100% of Benefit Amount | 50% 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.

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first six months of coverage. The preexisting condition limitation may not apply to all covered conditions and may vary by state. Refer to the Certificate of Insurance for detail.

**Health Screening Benefit** MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

## **Example of How Benefits are Paid**

The example below illustrates an employee who elected a Benefit Amount of \$20,000.

| Illness – Covered Condition                                | Payment                                     |
|--|---|
| Heart Attack — first verified diagnosis                    | Initial Benefit payment of \$20,000 or 100% |
| Kidney Failure – first verified diagnosis, two years later | Initial Benefit payment of \$20,000 or 100% |
| Heart Attack — second verified diagnosis, four years later | Recurrence Benefit payment of \$20,000/100% |

This example is for illustrative purposes only. The MetLife Group 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. How do I enroll?
- A. Enroll for coverage by completing the required form.
- Q. Who is eligible to enroll?
- A. 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>1</sup>
- Q. How do I pay for coverage?
- A. Coverage is paid through payroll deduction.
- Q. What is the coverage effective date?
- A. The coverage effective date is the first of the month following approval of your enrollment form.
- Q. If I Leave the Company, Can I Keep My Coverage?<sup>11</sup>
- 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. Please call MetLife directly at 1-877-638-7868, Monday through Friday from 8:00 a.m. to 8 p.m.



#### **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.

## Monthly Premium/\$1,000 of Coverage

| Attained Age | Employee Only | Employee + Spouse | Employee + Children | Employee + Spouse<br>+ Children |
|--------------|---------------|-------------------|---------------------|---------------------------------|
| <25          | \$.20         | \$.34             | \$.20               | \$.34                           |
| 25–29        | \$.21         | \$.37             | \$.21               | \$.37                           |
| 30–34        | \$.30         | \$.51             | \$.30               | \$.51                           |
| 35–39        | \$.42         | \$.71             | \$.42               | \$.71                           |
| 40–44        | \$.64         | \$1.06            | \$.64               | \$1.06                          |
| 45–49        | \$.95         | \$1.58            | \$.95               | \$1.58                          |
| 50–54        | \$1.35        | \$2.27            | \$1.35              | \$2.27                          |
| 55–59        | \$1.87        | \$3.17            | \$1.87              | \$3.17                          |
| 60–64        | \$2.69        | \$4.60            | \$2.69              | \$4.60                          |
| 65–69        | \$4.03        | \$6.90            | \$4.03              | \$6.90                          |
| 70+          | \$6.25        | \$10.46           | \$6.25              | \$10.46                         |

<sup>1</sup> [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. MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.]

<sup>1</sup>[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 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. MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.]

<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.

<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 preexisting condition exclusion. There may be a Benefit Reduction Due to Age provision. 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, GPNP19-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

