

# MetLife 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>2</sup>
Spouse	100% of the employee'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. <sup>2</sup>
Dependent Child(ren) <sup>1</sup>	100% 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>2</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>3</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% 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>4</sup>	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer <sup>4</sup>	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke <sup>5</sup>	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 <sup>6</sup>	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions <sup>7</sup>	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 \$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%	\$15,000
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of \$10,000 or 100%	\$5,000

## MONTHLY COST

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

### Monthly Premium \$10,000 of Coverage

Age	Employee	Spouse	Child(ren)
<25	\$0.95	\$0.95	\$0.43
25 – 29	\$1.08	\$1.08	
30 – 34	\$1.91	\$1.82	
35 – 39	\$3.16	\$3.12	
40 – 44	\$5.42	\$5.37	
45 – 49	\$8.88	\$9.06	
50 – 54	\$13.91	\$14.60	
55 – 59	\$21.06	\$22.79	
60 – 64	\$30.46	\$33.80	
65 – 69	\$47.06	\$53.26	
70 – 74	\$65.39	\$73.41	
75 – 79	\$89.61	\$98.19	
80 – 84	\$112.23	\$120.60	
85+	\$117.04	\$125.32	

### Monthly Premium \$20,000 of Coverage

Age	Employee	Spouse	Child(ren)
<25	\$1.90	\$1.90	\$0.86
25 – 29	\$2.16	\$2.16	
30 – 34	\$3.82	\$3.64	
35 – 39	\$6.32	\$6.24	
40 – 44	\$10.84	\$10.74	
45 – 49	\$17.76	\$18.12	
50 – 54	\$27.82	\$29.20	
55 – 59	\$42.12	\$45.58	
60 – 64	\$60.92	\$67.60	
65 – 69	\$94.12	\$106.52	
70 – 74	\$130.78	\$146.82	
75 – 79	\$179.22	\$196.38	
80 – 84	\$224.46	\$241.20	
85+	\$234.08	\$250.64	

\*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 Outline of Coverage/Disclosure Document for more information including exclusions and limitations which apply for coverage.

## QUESTIONS & ANSWERS

### How do I enroll?

Enroll for coverage via the paper enrollment form provided to you. Contact your HR Representative to receive your enrollment form today. If you live outside of Arkansas, call MetLife at 1-800-GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 11:00 p.m., EST to request your enrollment form.

### Who is eligible to enroll?

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.<sup>2</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 January 1, 2016.

### If I Leave the Company, Can I Keep My Coverage?<sup>8</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 11:00 p.m., EST. Individuals with a TTY may call 1-800-855-2880.

#### Footnotes:

<sup>1</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>2</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.

<sup>3</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>4</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.

<sup>5</sup> In certain states, the covered condition is Severe Stroke.

<sup>6</sup> Please review the Outline of Coverage for specific information about Alzheimer's Disease.

<sup>7</sup> 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.

<sup>8</sup> See your certificate for details.

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. 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 applicable to CII can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. 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.

**This enrollment packet is designed for  
Arkansas Residents ONLY.**

**For residents outside of Arkansas, contact **1-800-GET-MET8**  
(1-800-438-6388) to receive your enrollment form and state  
specific Outline of Coverage.**

## ENROLLMENT • CHANGE FORM

### GROUP CUSTOMER INFORMATION

Name of Group Customer/Employer <b>The University of Arkansas</b>		Name of School/Department: <b>UAMS (Medical Sciences)</b>	
Group Customer # <b>0121149</b>	EEID #	Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)

### YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)

Name (First, Middle, Last)		Social Security # - -	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, Zip Code)		Date of Birth (MM/DD/YYYY)	
Phone #	Email Address	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter date (MM/DD/YYYY)	

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below. I have received and read a copy of the Outline of Coverage or other disclosure document for the Critical Illness Insurance. In certain states, this coverage may be referred to as Critical Illness Insurance, Specified Disease Insurance, Limited Benefit Insurance or Limited Benefit Critical Illness Insurance.

#### Critical Illness Insurance

Select your level of coverage:

- Employee  
Benefit Amount  
 \$10,000  
 \$20,000
- Dependent Spouse<sup>1</sup>  
 Dependent Child

#### Dependent Information

If you are applying for coverage for your Spouse and/or Child(ren), please provide the information requested below:

Name of your Spouse (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		
Name(s) of your Child(ren) (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		

Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

<sup>1</sup> For Delaware, Vermont and Washington State residents, Spouse includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available.

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ADM

#### SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to MetLife Worksite Products, PO Box 14339, Lexington, KY 40512-4339. Work Site Benefits fax 859-825-6450.

## FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

**Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

**New York (only applies to Accident and Health Benefits):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon and Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Puerto Rico:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Pennsylvania and all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

I designate the following person(s) as primary beneficiary(ies) for any amount payable upon my death for the MetLife insurance coverage applied for in this enrollment form. With such designation any previous designation of a beneficiary for such coverage is hereby revoked.

I understand I have the right to change this designation at any time. I also understand that unless otherwise specified in the group insurance certificate, insurance due upon the death of a Dependent is payable to the Employee.

Check if you need more space for additional beneficiaries and attach a separate page. Include all beneficiary information, and sign/date the page.

Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
<b>Payment will be made in equal shares or all to the survivor unless otherwise indicated.</b>				<b>TOTAL: 100%</b>
If all the primary beneficiary(ies) die before me, I designate as contingent beneficiary(ies):				
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
<b>Payment will be made in equal shares or all to the survivor unless otherwise indicated.</b>				<b>TOTAL: 100%</b>

## DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling. I understand that if I am not actively at work on the scheduled effective date of insurance, such insurance will not take effect until I return to active work.
3. I understand that, on the date dependent insurance for a person is scheduled to take effect, the dependent must not be confined at home under a physician's care, receiving or applying for disability benefits from any source, or Hospitalized. If the dependent does not meet this requirement on such date, the insurance will take effect on the date the dependent is no longer confined, receiving or applying for disability benefits from any source, or Hospitalized. **Hospitalized** means admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.
4. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
5. I have read the Beneficiary Designation section provided in this enrollment form and I have made a designation if I so choose.
6. I declare that no person proposed for Critical Illness coverage is covered under any Title XIX program (Medicaid or any similarly named program).
7. I have read the applicable Fraud Warning(s) provided in this enrollment form.



_____ Signature of Employee	_____ Print Name	_____ Date Signed (MM/DD/YYYY)
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## Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

### Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

### Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

### Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

### How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at [www.mib.com](http://www.mib.com).

### Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- process claims and other transactions

- perform business research
- market new products to you
- comply with applicable laws
- confirm or correct your information
- help us run our business

## Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

## HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at [www.MetLife.com](http://www.MetLife.com). For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at [HIPAAprivacyAmericasUS@metlife.com](mailto:HIPAAprivacyAmericasUS@metlife.com), or call us at telephone number (212) 578-0299.

## Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

## Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

**Send privacy questions to:**

MetLife Privacy Office  
P. O. Box 489  
Warwick, RI 02887-9954  
[privacy@metlife.com](mailto:privacy@metlife.com)

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

**Metropolitan Life Insurance Company**  
**MetLife Insurance Company of Connecticut**  
**SafeGuard Health Plans, Inc.**

**MetLife Health Plans, Inc.**  
**General American Life Insurance Company**  
**SafeHealth Life Insurance Company**



**METROPOLITAN LIFE INSURANCE COMPANY  
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: Your Employer  
Group Policy Form No: GPNP07-CI  
(Referred to herein as the "Group Policy")  
Certificate Form No: GCERT10-CI  
(Referred to herein as the "Certificate")**

### **CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE**

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Your Employer. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

#### **4) BENEFITS OF YOUR CERTIFICATE**

<u>Covered Condition</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

**CRITICAL ILLNESS BENEFITS FOR ALZHEIMER’S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE**

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Alzheimer’s Disease;
2. Coronary Artery Bypass Graft;
3. Full Benefit Cancer;
4. Heart Attack;
5. Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

**CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS**

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or
2. a Listed Condition.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

**CRITICAL ILLNESS BENEFITS FOR MAJOR ORGAN TRANSPLANT**

If Major Organ Transplant First Occurs for a covered person, while such covered person is insured under the Major Organ Transplant rider, proof of Major Organ Transplant must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Major Organ Transplant.

The Major Organ Transplant Benefit shown above is payable for Major Organ Transplant that First Occurs for a covered person while coverage is in effect under the rider.

We will only pay for one Major Organ Transplant per covered person while coverage is in effect under the rider.

## **RECURRENCE BENEFIT**

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

**Recur or Recurrence** means:

- with respect to Coronary Artery Bypass Graft:
  1. an Occurrence of Coronary Artery Bypass Graft if we have already paid an Initial Benefit for the First Occurrence of Coronary Artery Bypass Graft.
- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
  1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

## **BENEFIT INCREASES**

**Benefit Increase** means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

## **5) DEFINITIONS**

**Alzheimer's Disease** means the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);

- apraxia (impaired ability to carry out motor activities despite intact motor function);
- anosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

**Benefit Amount** the amount we use to determine the benefit payable for a Covered Condition.

**Benefit Suspension Period** means the 180 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

**Coronary Artery Bypass Graft** means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

**Dependent** means the following as defined in the Certificate(s): your spouse and/or dependent child.

**Diagnosis** means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

**Diagnose** means the act of making a Diagnosis.

**First Occurs or First Occurrence** means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

**Full Benefit Cancer** means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

**Heart Attack** (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arterosclerosis, spasm, thrombus or emboli.

**Initial Benefit** means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

**Kidney Failure** means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

**Listed Condition or Listed Conditions** means any of the following diseases:

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.

**Major Organ Transplant** means:

- the irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed;
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

**Maximum Benefit Amount** means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

**Occurs or Occurrence** means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person:
  1. experiences such Covered Condition; and
  2. is Diagnosed with such Covered Condition.
- with respect to Coronary Artery Bypass Graft, that the covered person undergoes a Coronary Artery Bypass Graft.
- with respect to Alzheimer's Disease that the covered person:
  1. experiences such Covered Condition;
  2. is Diagnosed with such Covered Condition; and
  3. all other etiologies have been ruled out by a neurologist; geriatrician or neuropsychologist.
- with respect to Major Organ Transplant, that the covered person
  1. is placed on the Transplant List; or
  2. undergo[es] such Major Organ Transplant.

**Partial Benefit Cancer** means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

**Separate & Unrelated** means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

**Stroke** means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

**Total Benefit Amount** means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces.

**Transplant List** means the Organ Procurement and Transportation Network (OPTN) list.

## 6) EXCLUSIONS

### Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Alzheimer's Disease for:

- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not Diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;

- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

#### Listed Conditions

We will not pay benefits for:

- a Diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a Diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not Diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable Diagnosis of a Listed Condition.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

#### **General Exclusions:**

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

### **Other Exclusions:**

#### **Exclusion for Intoxication**

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

#### **Preexisting Condition Exclusion**

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

## **7) LIMITATIONS**

### **Reduction of Benefits On Account of Prior Claims Paid**

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition.

## **8) DEPENDENT INSURANCE**

When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. Once you have Dependent Insurance for at least one Dependent child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate of Insurance.

## **9) WHEN INSURANCE ENDS**

### **DATE YOUR INSURANCE ENDS:**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason other than your retirement.

**DATE DEPENDENT INSURANCE ENDS:**

A Dependent's insurance will end on the earliest of:

- the date your insurance under the Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount has been paid for that Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance;
- the date you retire in accordance with the Group Policyholder's retirement plan; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

**10) PREMIUMS.**

**PREMIUM RATES CHANGE BASED ON AGE.** Premium Rates for you and your Dependents are also subject to change at other times as stated in each of the group policies.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

This policy may pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.