

## 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.

**Enrollment Period: 11/11/2024 to 12/06/2024**

### Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
<b>Employee</b>	\$10,000, \$20,000 or \$30,000.	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse/Domestic Partner<sup>2</sup></b>	<b>50% 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. The maximum amount that you can receive through your Critical Illness Insurance plan is called the

**Total Benefit Amount** and there isn't a cap included in the plan.

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

#### Plan Design – Covered Conditions

- **Initial Benefit** means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- **Recurrence Benefit** means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

Covered Conditions	Initial Benefit	Recurrence Benefit
<b>Autism Spectrum Disorder Category</b>		
Autism Spectrum Disorder <i>payable for a dependent child for a diagnosis of any severity</i>	\$3,000	NONE
<b>Benign Tumor Category</b>		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit

## Critical Illness Insurance

Non-Invasive Cancer	50% of Benefit Amount	100% of Initial Benefit
Skin Cancer	10% of Benefit Amount, but not less than \$250	NONE
<b>Coronary Artery Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of Benefit Amount	100% of Initial Benefit
<b>Childhood Disease Category</b>		
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
<b>Functional Loss Category</b>		
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
<b>Heart Attack Category</b>		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE
<b>Infectious Disease Category</b>		
<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>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
Diphtheria	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
<b>Kidney Failure Category</b>		
Kidney Failure	100% of Benefit Amount	NONE
<b>Major Organ Transplant Category</b>		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	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

## Critical Illness Insurance

Huntington'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
Poliomyelitis	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	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

## Plan Design – Supplemental Benefits

### Health Screening Benefit

Payable if an eligible covered person takes one of the screening/prevention measures listed below.

#### Benefit Amount

- \$50

#### Times Payable per Calendar Year

- 1 time per Employee
- 1 time per Spouse/Domestic Partner
- 1 time per Dependent Child

#### Eligible Screening/Prevention Measures

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

## Critical Illness Insurance

	Doppler screening for peripheral vascular disease	thermography
	echocardiogram	two-hour post-load plasma glucose test
	electrocardiogram (EKG)	ultrasounds for cancer detection
	electroencephalogram (EEG)	ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
	endoscopy	virtual colonoscopy
	eye exams	
<b>Waiver of Premium</b>	If an employee is under age 70 and becomes disabled continuously for 90 days, MetLife will waive the premiums due for the employee and any dependents for 2 years . Proof of disability must be submitted during the 90-day period that follows the 90th day of continuous disability. Please contact MetLife for the definition of Disabled or Disability.	

Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife's guidelines, group size, underwriting and state requirements.

### \* 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.
- 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.
  - Aortic Valve or Mitral Valve Repair or Replacement
  - Coma
  - Congenital Heart Disease (for which Surgery has been recommended for treatment)
  - Coronary Angioplasty
  - ICD
  - Loss of: Ability to Speak; Hearing; or Sight
  - Major Organ Transplant Donation
  - Pacemaker
  - 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.

## Critical Illness Insurance

### Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$30,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Recurrence Benefit payment of 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of 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. How do I enroll?**

**A. Enroll for coverage at [www.voluntarybenefits-bnymellon.com](http://www.voluntarybenefits-bnymellon.com)**

**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](http://mybenefits.metlife.com).**

# Critical Illness Insurance

## Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below. Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

## Monthly (12) Premium Rates

### Non - Tobacco

#### Premium per \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.30	\$0.52	\$0.52	\$0.73
25 - 29	\$0.33	\$0.56	\$0.55	\$0.77
30 - 34	\$0.38	\$0.62	\$0.59	\$0.84
35 - 39	\$0.47	\$0.76	\$0.68	\$0.98
40 - 44	\$0.59	\$0.96	\$0.81	\$1.17
45 - 49	\$0.78	\$1.23	\$1.00	\$1.45
50 - 54	\$1.04	\$1.61	\$1.26	\$1.84
55 - 59	\$1.41	\$2.15	\$1.62	\$2.37
60 - 64	\$1.84	\$2.78	\$2.05	\$2.99
65 - 69	\$2.30	\$3.46	\$2.51	\$3.68
70 - 74	\$2.97	\$4.45	\$3.19	\$4.68
75+	\$4.03	\$6.05	\$4.25	\$6.26

### Tobacco

#### Premium per \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.35	\$0.58	\$0.57	\$0.80
25 - 29	\$0.40	\$0.65	\$0.61	\$0.87
30 - 34	\$0.48	\$0.77	\$0.69	\$0.99
35 - 39	\$0.66	\$1.06	\$0.88	\$1.27
40 - 44	\$0.90	\$1.42	\$1.11	\$1.63
45 - 49	\$1.24	\$1.93	\$1.46	\$2.14
50 - 54	\$1.72	\$2.63	\$1.94	\$2.85
55 - 59	\$2.40	\$3.63	\$2.61	\$3.85
60 - 64	\$3.16	\$4.74	\$3.38	\$4.95
65 - 69	\$3.97	\$5.94	\$4.20	\$6.16
70 - 74	\$5.15	\$7.68	\$5.36	\$7.90
75+	\$6.85	\$10.23	\$7.06	\$10.44

Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.

<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.

<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, 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