



Group Critical Illness Benefits

MetLife is pleased to offer you financial protection through our Group Critical Illness Insurance as part of our robust portfolio of voluntary products. Critical Illness Insurance provides features that could be valuable to you, including:

- ✓ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations.
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary.
- ✓ Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life’s twists and turns. ¹

MetLife Critical Illness Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

The following section describes the specific program design, provisions and rates being proposed for this group customer.

Proposal Assumptions	
Employee Eligibility	<ul style="list-style-type: none"> • Employees will be subject to an actively at work requirement. • Employees must reside in the United States. • An employee must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage. • Child(ren) are eligible for coverage from birth to age 26. Spouses / domestic partners and dependent child(ren) must not be subject to any medical restrictions as set forth on the enrollment form and in the Certificate. Coverage for Domestic Partners varies by state. The definitions of Domestic Partner and Children vary by state. • Mentally or physically handicapped children who are enrolled in the plan, and subsequently reach the Dependent Age Limit, may remain enrolled subject to the terms of the certificate. Dependent Children who have reached the Dependent Age Limit as of initial enrollment are not eligible to enroll. • Retirees are not eligible to enroll. • VT residents are required to be eligible for coverage if they work at least 17.5 hours a week. NH residents are required to be eligible for coverage if they work at least 15 hours a week. • The demographics and details of potential covered insureds living and working outside the United States should be discussed with your MetLife representative. This product has contractual exclusions and limitation on claims events that occur overseas.
Contributions	100% Employee paid

¹Discounts or services may not be available in all states.

Plan Design	
Underwriting Offer	<p>Guaranteed Issue</p> <p>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.</p>
Benefit Amount	<p>Employees will be offered a choice of the following benefit amount options: \$10,000, \$20,000 or \$30,000.</p> <p>Spouses/Domestic Partners will be offered 50% and Dependent Child(ren) will be offered 50% of the Employee benefit amount.</p> <p>Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.</p>
Recurrence Benefit	<p>Included. A benefit is payable for a subsequent occurrence of some covered conditions. Refer to the Plan Design – Covered Conditions table in this Cost & Benefit Summary for the eligible conditions and amount payable.</p>
Total Benefit Amount	<p>The Total Benefit Amount cap is 500% of the benefit amount elected. This is the maximum aggregate amount that MetLife will pay per covered person per lifetime for the covered conditions.</p>
Category Limits	<p>There are no Category Limits included in the plan. This refers to a maximum aggregate amount that MetLife would pay per covered person for all conditions under an applicable covered condition category.</p>
Initial Benefit Separation Period	<p>Not Included.</p>
Recurrence Benefit Separation Period	<p>A Recurrence Benefit is not payable for a covered condition which occurs again within 90 days of the original occurrence.</p>
Treatment-Free Period	<p>We will not pay a Recurrence Benefit unless the covered person has not been treated or had symptoms for at least:</p> <p>90 days for a Cancer covered condition.</p> <p>90 days for a Benign Tumor condition.</p>
Pre-Existing Condition Limitation	<p>None.</p>
Benefit Reduction Due to Age	<p>Not Included.</p>
Portability (Continuation of Coverage)	<p>“Portability” is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class or, unless they become eligible for similar coverage, if the group policy ends) may continue their coverage on a MetLife direct-billed basis.</p> <p>Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.</p>



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
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	NONE
Cardiovascular Disease Category		
Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i>	50% of Benefit Amount	100% of Initial Benefit
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 <i>Payable upon death</i>	50% of Benefit Amount	NONE
Infectious Disease Category		
Bacterial Cerebrospinal Meningitis	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

Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	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	100% of Initial Benefit

Plan Design – Supplemental Benefits																													
Health Screening Benefit	<p>Payable if an eligible covered person takes one of the screening/prevention measures listed below.</p> <p><u>Benefit Amount</u></p> <ul style="list-style-type: none"> • \$50 <p><u>Times Payable per Calendar Year</u></p> <ul style="list-style-type: none"> • 1 time per Employee • 1 time per Spouse/Domestic Partner • 1 time per Dependent Child <p><u>Eligible Screening/Prevention Measures</u></p> <table border="1"> <tbody> <tr> <td>routine health check-up exam</td> <td>fasting blood glucose test</td> </tr> <tr> <td>biopsies for cancer</td> <td>fasting plasma glucose test</td> </tr> <tr> <td>blood chemistry panel</td> <td>flexible sigmoidoscopy</td> </tr> <tr> <td>blood test to determine total cholesterol</td> <td>hearing test</td> </tr> <tr> <td>blood test to determine triglycerides</td> <td>hemoccult stool specimen</td> </tr> <tr> <td>bone marrow testing</td> <td>hemoglobin A1C</td> </tr> <tr> <td>breast MRI</td> <td>human papillomavirus (HPV) vaccination</td> </tr> <tr> <td>breast ultrasound</td> <td>immunization</td> </tr> <tr> <td>breast sonogram</td> <td>lipid panel</td> </tr> <tr> <td>cancer antigen 15-3 blood test for breast cancer (CA 15-3)</td> <td>mammogram</td> </tr> <tr> <td>cancer antigen 125 blood test for ovarian cancer (CA 125)</td> <td>oral cancer screening</td> </tr> <tr> <td>carcinoembryonic antigen blood test for colon cancer (CEA)</td> <td>pap smears or thin prep pap test</td> </tr> <tr> <td>carotid doppler</td> <td>prostate-specific antigen (PSA) test</td> </tr> <tr> <td>chest x-rays</td> <td>serum cholesterol test to determine LDL</td> </tr> </tbody> </table>	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	hemoccult 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
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		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)
	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	

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.

Healthcare Navigation Services	
Healthcare Navigation Services – added at no additional cost to you or your employees	As an added benefit your employees will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.

MetLife AdvantagesSM	
MetLife AdvantagesSM – Services or Discounts added at no additional cost to you or your employees	<p>Will Preparation Services¹</p> <p>As an added benefit your employees will have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.</p> <p>MetLife VisionAccess²</p> <p>As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.</p>

MetLife AdvantagesSM availability may vary by state.

¹WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from



any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.

²MetLife Vision Access is a discount program and not an insured benefit. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. MetLife Vision Access is available to anyone regardless of affiliation with MetLife.

Rate Information	
Rate Structure	Attained Age
Rate Guarantee Period	3 years; subsequent years' rates subject to change. If Preferred Enrollment conditions are met, the rate guarantee is extended by one additional year, subject to state law requirements.
Monthly (12) Premium Calculation	Employee, spouse and child(ren) premiums will be based on the employee's age, benefit amount, and tobacco-use status (if applicable). (Monthly/Weekly etc.) premium rates will be calculated as premium rates per \$1,000 from the rate table(s) below, multiplied by benefit amount divided by 1,000.
Policy and Rate Changes	Policy premiums are due on the first day of each month. This quote assumes a premium payment grace period of 31 days. MetLife reserves the right to change its rates for any of the following reasons: <ul style="list-style-type: none"> • The composition of the group, employees, dependents or the Critical Illness insurance volume has changed 10% or more from the date when quoted. • Any of the plan designs are changed. • A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan.
Supplemental Fees	None
Minimum Participation Requirements	5%. Minimum participation requirements are waived if Preferred Enrollment conditions apply. See Enrollment Method under the Proposal Assumptions section above.



Monthly (12) Premium Rates

Uni-Tobacco

Premium per \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.41	\$0.68	\$0.60	\$0.86
25 - 29	\$0.47	\$0.76	\$0.65	\$0.95
30 - 34	\$0.56	\$0.90	\$0.75	\$1.08
35 - 39	\$0.72	\$1.14	\$0.91	\$1.33
40 - 44	\$0.97	\$1.52	\$1.15	\$1.70
45 - 49	\$1.32	\$2.05	\$1.51	\$2.23
50 - 54	\$1.75	\$2.67	\$1.94	\$2.86
55 - 59	\$2.45	\$3.69	\$2.63	\$3.88
60 - 64	\$3.25	\$4.86	\$3.43	\$5.05
65 - 69	\$4.31	\$6.42	\$4.50	\$6.61
70 - 74	\$5.67	\$8.43	\$5.86	\$8.62
75+	\$7.84	\$11.69	\$8.02	\$11.87

Multiply the per \$1,000 rates shown here 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.

CRITICAL ILLNESS INSURANCE GENERAL EXCLUSIONS

PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, Colorado, Connecticut, Florida, Guam, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming.

How to read this section:

Exclusions appear in **bold font**. Applicable state variations are noted in *italics*.

We will not pay benefits for any Covered Condition for a Covered Person caused by, or that takes place during:

- the Covered Person's active participation in an insurrection, rebellion, riot or terrorist act;**
CT and OR: "...riot or terrorist act;" deleted and replaced with "...or riot;"
ID: "...insurrection, rebellion, riot or terrorist act" deleted and replaced with "...insurrection or riot;"
MD: bullet deleted.
MI: bullet expanded to "...or terrorist act if such participation constitutes the commission of a felony or other willful criminal activity;"
UT: "active participation" changed to "voluntary active participation".
- the Covered Person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;**
CA and MD: bullet deleted.

ID: bullet changed to “the Covered Person’s participation in a felony;”

MI: bullet changed to “the Covered Person’s committing or attempting to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation or other willful criminal activity;”

NH and OR: “illegal occupation or” is deleted.

UT: “illegal occupation or activity” changed to “illegal occupation or activity as a voluntary participant”.

- **the Covered Person’s intentionally self-inflicted injury;**

MN: bullet deleted.

- **the Covered Person’s suicide or attempted suicide (while sane or insane);**

MN: bullet deleted.

MO, OR and VT: “or insane” is deleted.

- **war, whether declared or undeclared; or act of war;**

NC: Bullet revised to: “war, whether declared or undeclared; or act of war (undeclared war does not include acts of terrorism);”

OK: Bullet revised to: “war, whether declared or undeclared; or act of war - this exclusion only applies to a Covered Person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;”

- **the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the Covered Person’s:**

IL: Last sentence in bullet revised to: “For purposes of this exclusion intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the Covered Person’s:”

KY: Second sentence revised to: “Motor vehicle means any vehicle that is powered by a motor.”

CA, ID, MD, SD and WA: bullet and two sub-bullets deleted.

NV: First sentence in bullet revised to: “the Covered Person’s commission of or attempt to commit a felony which involves the operation, while intoxicated, of a motor vehicle involved in the incident.”

- **blood alcohol level met or exceeded .08%; or**

OR: Bullet revised to: “blood alcohol level met or exceeded the limit established by the laws of the jurisdiction for driving while intoxicated where the incident took place; or”

- **blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;**

- **the Covered Person voluntarily taking or using any drug, medication or sedative unless it is:**

CT: bullet deleted and replaced with “the voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the Covered Person’s Physician for the Covered Person;”

CA, ID, MD, OR, SD and WA: bullet and two sub-bullets deleted.

MI: bullet and two sub-bullets deleted and replaced with “the Covered Person voluntarily taking or using any drug, medication or sedative that constitutes a willful criminal activity; or”

PA: “drug, medication or sedative” replaced with “intoxicant or narcotic”.

VT: bullet revised to “the Covered Person’s voluntary and felonious use of any drug, medication or sedative unless it is:”

- **taken or used as prescribed by a Physician, or**
- **an “over the counter” drug, medication or sedative taken according to package directions; or**

NV: Bullet and both sub-bullets deleted.

ID: additional bullet added: “the Covered Person’s alcoholism or drug addiction; or”

- **activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.**

FL: bullet revised to “activities required by the Covered Person to carry out the duties and responsibilities of their service in...”

MO: bullet removed.

In addition,

- *TX: bullet added: “Diagnosis or treatment of a Covered Condition by a Physician who is: You; Your spouse or anyone to whom You are related by blood or marriage; anyone who is a member of Your household; Your adopted child or step-child; anyone with whom You share a business interest; or Your employee;”*
- **We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, Canada or Mexico 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, Canada or Mexico.**

(CA: the following two exclusions are added:)

INTOXICANTS AND CONTROLLED SUBSTANCES

We shall not be liable for any loss sustained or contracted in consequence of the Covered Person’s being intoxicated (including but not limited to intoxication due to cannabis use) or under the influence of any controlled substance unless administered on the advice of a Physician.

ILLEGAL OCCUPATION OR COMMISSION OF A FELONY

We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the Covered Person whose injury or sickness is the basis of claim, or to which a contributing cause was such Covered Person’s being engaged in an illegal occupation.

CT: The following definition is added:

Participation in a Riot means all forms of public violence, disorder or disturbance of the peace by three or more persons. It does not matter whether:

- there was common intent; or
- there was intent to damage any person or property, or to break the law.

ID: The following exclusion is added:

Coverage under this Certificate does not provide benefits for elective abortions.



General Disclaimer:

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 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 GPNP14-CI or 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.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC or by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

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