Benefits that may help cover expenses that are not covered by your medical plan.

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements	
Coverage Options			
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work.	
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. 1	
Dependent Child(ren) ³	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. 1	

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**⁴ for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

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	<u>Initial Benefit</u>	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) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	100% 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	у	
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	100% of Benefit Amount	NONE
Infectious Disease Catego	ry	
For a benefit to be payable, the covered person must have b	al for 5 consecutive days.	
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	100% of Benefit Amount	NONE
Lyme Disease	100% of Benefit Amount	NONE
Malaria	100% of Benefit Amount	NONE
Necrotizing Fasciitis	100% of Benefit Amount	NONE
Osteomyelitis	100% of Benefit Amount	NONE
Rabies	100% of Benefit Amount	NONE
Tetanus	100% of Benefit Amount	NONE
Tuberculosis	100% of Benefit Amount	NONE
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant Cate	gory	
Major Organ Transplant For bone marrow, heart, lung, pancreas, and liver	100% of Benefit Amount	NONE
Progressive Disease Category	ory	
Adrenal Hypofunction (Addison's Disease)	100% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Myasthenia Gravis	100% of Benefit Amount	NONE
•	1	



Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Poliomyelitis	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
Systemic Sclerosis (Scleroderma)	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

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

Benefit Amount

• \$100

Times Payable per Calendar Year

- 1 time per Employee
- 1 time per Spouse
- 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	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 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	thermography
disease	
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	
	_
	disease echocardiogram electrocardiogram (EKG) electroencephalogram (EEG) endoscopy

* Notes Regarding Covered Conditions

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

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

- 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.
- 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.
- 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.
 - o Coma
 - o Loss of: Ability to Speak; Hearing; or Sight
 - Paralysis
 - Severe Burn

Health Screening BenefitMetLife will provide an annual benefit of \$100 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Example of How Benefits are Paid

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

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

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

