

## Critical Illness Insurance

Coverage that helps you and your family have the financial support to pay for some of the expenses of a serious illness, such as those that may not be covered by your medical plan.

# What is critical illness insurance?



**Critical Illness Insurance works to supplement your medical coverage** — and regardless of what your medical plan may or may not cover. It's coverage that helps provide financial support when you or a loved one becomes seriously ill. Upon verified diagnosis, it provides you with a lump-sum payment of \$15,000 or \$30,000 in initial benefits. The payment you receive is yours to spend however you like.

### Q. What's covered under this plan?

**A.** If you meet the group policy and certificate requirements, **Critical Illness Insurance provides you with a lump-sum payment upon verified diagnosis of these conditions:**

- Full Benefit Cancer<sup>1</sup>
- Partial Benefit Cancer<sup>1</sup>
- Heart Attack<sup>2</sup>
- Stroke<sup>3</sup>
- Kidney Failure
- Coronary Artery Bypass Graft<sup>4</sup>
- Alzheimer's Disease<sup>5</sup>
- Major Organ Transplant<sup>6</sup>
- 22 Listed Conditions<sup>7</sup> (see your Outline of Coverage for details)

### Q. What happens if I have a recurrence?

**A.** Your plan pays an additional benefit (**Recurrence Benefit**) if a medical condition **reoccurs for:** a Heart Attack, a Stroke, a Coronary Artery Bypass Graft, Full Benefit Cancer, and Partial Benefit Cancer. A recurrence benefit is only available if the initial benefit has already been paid for the covered condition. And there is a benefit suspension period (or waiting period) between recurrences.<sup>8</sup>

### Q. Am I eligible to enroll for this coverage?

**A.** **Yes, you can enroll both yourself and your eligible family members.**<sup>9</sup> All you need to do is enroll during the enrollment period and be actively at work.

### Q. I have a medical plan at work, so why do I need Critical Illness Insurance?

**A.** One of the hardest parts of managing illnesses like Cancer, Heart Attack, or Stroke is providing the support and comfort your family needs beyond the cost of care.

Even the best medical and disability income plans can leave you with extra expenses like medical plan deductibles and co-pays or extra costs for out-of-network care. And if you're out of work because of a disability, it might be that only a portion of your pre-disability income is being paid to you. Many people aren't prepared to handle these extra costs, so having this extra cash lump sum payment may mean less worry for you and your family.

**Payments may be used to help pay for expenses generally not covered by medical and disability income coverage.**



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### Q. Can I enroll for this insurance without having a medical exam?

**A. Yes. Your critical illness coverage is guaranteed,<sup>10</sup>** regardless of your health. You need to be actively at work to be covered. There are no medical exams to take and no health questions to answer, so the whole process might be easier than you think.

### Q. Are there any other benefits payable under this Critical Illness Insurance plan?

**A. Yes. Early detection of a serious illness is important to your recovery.** We provide you with an \$100 annual benefit per calendar year that does not count towards your total benefit amount when you receive eligible health screenings or prevention measures.<sup>11</sup>

### Q. How do I pay for my coverage?

**A. You pay premiums through payroll deductions,** so you don't have to worry about writing any checks or missing payments.

### Q. How much will it cost?

**A. Critical Illness Insurance may be more affordable than you think.** It's designed to be a way to supplement your health care and disability plans. Exact rates can be found in the enrollment materials provided by the HSTA VEBA Trust.

### Q. Are benefits paid directly to me or my health care provider?

**A. Benefits will be paid directly to you,** not to the doctors, to the hospitals or to any other health care providers. There's no need to coordinate with any other insurance you may have. Benefits are paid no matter what your other insurance plans may cover or pay.

### Q. If my employment status changes, can I take my coverage with me?

**A. Yes. This coverage is portable, meaning you can take it wherever you go.** Your coverage will only end if you stop paying your premium or if the HSTA VEBA Trust offers you similar coverage with a different insurance carrier.<sup>12</sup>

### Have other questions?

Please call MetLife directly at  
**1 800 GET-MET8**  
**1 800 438-6388**  
and talk with a benefits consultant.

1. 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. For NH-situated cases and NH residents, there is an initial benefit of \$100 for All Other Cancer.
2. 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.
3. In certain states, the Covered Condition is Severe Stroke.
4. In certain states, the Covered Condition is Coronary Artery Disease.
5. Please review the Outline of Coverage for specific information about Alzheimer's disease.
6. 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.
7. MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one benefit payment of a Listed Condition in his/her lifetime. The Listed Conditions are: Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrosplinal 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.
8. 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.
9. Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
10. 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. For CA-situated cases, coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by the HSTA VEBA Trust (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate.
11. The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods. There is a separate mammogram benefit for MT residents and for cases situated in CA and MT.
12. 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. See your Certificate for details.

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 may vary by state. The plan may include a pre-existing condition exclusion. After a covered condition occurs, there is a benefit suspension period during which benefits will not be paid for a recurrence, except in the case of individuals covered under a New York certificate. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. A more detailed description of the benefits, limitations, and exclusions applicable 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 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.

