

**NOTICE REGARDING INSURANCE DESCRIBED  
IN THIS OUTLINE OF COVERAGE**

**This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.**



**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 member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. An member applying for coverage under the Group Policy is referred to herein as "you" or "your".

*This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.*

**Notice to Buyer: The insurance described in this outline of coverage is Critical Illness Insurance. Subject to the provisions of the Group Policy and the Certificate, including limitations, exclusions and submission of proof of a Covered Condition, the Certificate provides a limited benefit in the event you are Diagnosed with certain specified diseases, or have certain surgical procedures performed. The Certificate pays nothing for certain forms of cancer. See the definitions of Full Benefit Cancer and Partial Benefit Cancer, and the exclusions that apply to Full Benefit Cancer and Partial Benefit Cancer in the section titled "Exclusions Related to Covered Conditions."**

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** – This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance. You must have comprehensive medical coverage in place to enroll for this insurance.

**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.

***The Certificate pays nothing for certain forms of cancer. Read the Certificate carefully.***

**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

***The Certificate pays nothing for certain forms of cancer. Read the Certificate carefully.***

\*\*\*\* No benefits are payable under either Full Benefit Cancer or 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; or any tumor of the prostate classified as T1N0M0 under TNM Staging. Several other conditions are also excluded from either Full Benefit Cancer or Partial Benefit Cancer. See the Exclusions that apply to Specific Covered Conditions for details.

**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 Certificate, 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 Certificate.

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

**MAMMOGRAM BENEFIT**

If a covered person undergoes a Covered Mammogram while such covered person is insured under the group policy, proof of the Covered Mammogram must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay \$200 for such Covered Mammogram.

**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 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 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.

## **SUPPLEMENTAL BENEFITS**

### **Health Screening Benefit**

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

## **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 365 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 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 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

**Covered Mammogram** means each of the following when provided to a female covered person upon the referral of a physician, nurse practitioner or certified nurse midwife who is: (a) providing care to such female covered person; and (2) acting within the scope of a valid license with respect to the provision of such care:

- one baseline mammogram for such female covered person age 35 to 39 inclusive;
- one mammogram every two years for such female covered person age 40 to 49 inclusive, provided however, that upon the recommendation of the female covered person's physician, one mammogram per year; and
- one mammogram per year for such female covered person age 50 and over.

**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 or the presence of one or more malignant tumors where there is metastasis.

Full Benefit Cancer does not include:

- 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 non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

***The Certificate pays nothing for certain forms of cancer. Read the Certificate carefully.***

**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 arteriosclerosis, 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 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 which is a tumor that fulfills all pathologic criteria for malignancy except that it has not invaded the supporting structure of the organ on which it arose (for example, some cancers of the breast are carcinoma in situ), provided that the carcinoma in situ is classified as TisN0M0 and that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who practices in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- 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.

Partial Benefit Cancer does not include:

- 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 non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

***The Certificate pays nothing for certain forms of cancer. Read the Certificate carefully.***

**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 (bleeding, loss of a large amount of blood from the blood vessels);
- thrombus (a stationary blood clot along the wall of a blood vessel; or
- embolus (a mass, such as an air bubble, detached blood clot, or foreign body that travels through the bloodstream and lodges in a blood vessel) from an extracranial source.

**Supplemental Benefit(s) are the following:**

- Health Screening Benefit



**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. The Total Benefit Amount does not include Supplemental Benefits.

**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 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 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:

- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane; 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:**

**Intoxicants and Controlled Substances**

We shall not be liable for any loss sustained or contracted in consequence of the covered person's being intoxicated 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 a claim or to which a contributing cause was such covered person's being engaged in an illegal occupation.

**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. This provision does not apply to claim payments for Supplemental Benefits.

## **8) 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 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.

## **9) PREMIUMS.**

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