



**METROPOLITAN LIFE INSURANCE COMPANY  
NEW YORK, NEW YORK**

**CRITICAL ILLNESS COVERAGE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.**

**BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.**

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

**(1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

**(2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!

**(3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**(4) Benefits**

Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

Please be aware that the Certificate contains specific definitions, conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cardiovascular disease treated with: coronary artery bypass graft using a surgical procedure that includes a median sternotomy	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cleft lip or cleft palate	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
diabetes (type 1)	25% of Benefit Amount	NONE
Down syndrome	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE
spina bifida	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT

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

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	25% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
multiple sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS	
(The amounts listed below reflect benefits provided for you. Benefit amounts for dependents may vary from the amounts listed.)	
Health Screening Benefit – benefit provided for certain screening/prevention tests	\$50 for the day the screening measure was taken

## (5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions 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;
- 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;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- 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:
  - blood alcohol level met or exceeded .08%; 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:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions; 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;

In addition, we will not pay benefits for:

- 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; or your employee;
- 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.

## (6) LIMITATIONS

### **Benefit Separation Period**

**The Benefit Separation Period** is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

**Initial Benefit Separation Period** is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

**Recurrence Benefit Separation Period** is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	365 days

**(7) WHEN YOUR INSURANCE ENDS**

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

**(8) CONTINUATION OF INSURANCE**

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

**(9) ADMINISTRATION OF INSURANCE**

Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

**(10) PREMIUMS**

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.