



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

**POLICYHOLDER: Your Employer  
Group Policy Form No: GPNP14-CI  
(Referred to as the "Group Policy")  
Certificate Form No: GCERT14-CI  
(Referred to as the "Certificate")**

**CRITICAL ILLNESS INSURANCE  
OUTLINE OF COVERAGE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS:  
THE CERTIFICATE ONLY PROVIDES CRITICAL ILLNESS COVERAGE IN THE EVENT THAT A COVERED PERSON IS DIAGNOSED WITH CERTAIN SPECIFIED DISEASES OR HAS CERTAIN SURGICAL PROCEDURES PERFORMED. RECEIPT OF BENEFITS UNDER THE CERTIFICATE MAY AFFECT ELIGIBILITY FOR MEDICAID AND 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.**

**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.**

**NOTE:** The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

- 1) THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED. 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. 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!**
- 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 has certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) THE GROUP POLICY DOES NOT PROVIDE ANY TYPE OF MEDICAL COVERAGE AND IS NOT A SUBSTITUTE FOR MEDICAL COVERAGE OR DISABILITY INSURANCE. YOU SHOULD HAVE MEDICAL INSURANCE IN PLACE WHEN YOU ENROLL FOR THIS COVERAGE.**

4) **COVERAGE UNDER THE CERTIFICATE IS GUARANTEED RENEWABLE.** This means that although MetLife reserves the right to change any or all premium rates as provided in the Group Policy, MetLife cannot end Your coverage under the Certificate except for reasons stated in the Certificate.

5) **BENEFITS**

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

The Benefit Amount that determines the amount we will pay for a first occurrence of a Covered Condition is shown on Your enrollment form. (Note that Major Organ Transplant has its own benefit amount). The Total Benefit Amount, which is the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per Covered Person, per lifetime is equal to 3 times the Benefit Amount that You select. The Total Benefit Amount does not include Supplemental Benefits.

**Benefits for Covered Conditions:**

<b>Covered Condition</b>	<b>Initial Benefit For First Occurrence</b>	<b>Recurrence Benefit</b>
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	100% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	100% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	25% of Benefit Amount
Heart Attack	100% of Benefit Amount	100% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	100% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Major Organ Transplant Benefit Amount	NONE

**Recurrence Benefit:**

We will pay the Recurrence Benefit shown above for a "Recurrence", as defined in the Certificate, 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.

**Supplemental Benefits:**

**Health Screening Benefit**

If a Covered Person takes one of the screening/prevention measures listed in the Certificate after insurance has been in effect for 30 days, we will pay a health screening benefit depending on the plan you select.

We will pay one health screening benefit per Covered Person per calendar year.

6) **DEFINITIONS**

**Benefit Suspension Period** means the 180 day period following the date a Covered Condition, for which the Certificate pays a benefit, "Occurs", as defined in the Certificate, with respect to a Covered Person.

**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 provided that a physician has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

**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.

**Partial Benefit Cancer** means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- 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, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

## 7) 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 cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- 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 cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM staging.

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.

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.

**Exclusions Related to 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.

**General Exclusions:**

We will not pay benefits for Covered Conditions caused or contributed to by, or resulting from a Covered Person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; 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.

**Exclusion for Intoxication:**

We will not pay benefits for any Covered Condition that is caused by, contributed to by, or results from a Covered Person's involvement in an incident, where such Covered Person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the Covered Person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

**Preexisting Condition Exclusion:**

A preexisting condition is a sickness or injury for which, in the 3 months before a Covered Person becomes insured for this coverage medical advice, treatment or care was sought by such Covered Person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a Covered Condition that is caused by or results from a preexisting condition if the Covered Condition occurs during the first 6 months that a Covered Person is insured under the Certificate.

The preexisting condition exclusion applies to benefit increases.

The preexisting condition exclusion does not apply to benefits for Heart Attack and Stroke.

**8) 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.

**Benefit Reduction Due to Age**

The Benefit Amount and the Total Benefit Amount will each be reduced by: 25% when the Covered Person reaches age 65; and, by 50% when the Covered Person reaches age 70. If the Total Benefit Amount, when reduced under the Benefit Reduction Due to Age, is less than or equal to the sum of all benefits previously paid under the Certificate, insurance under the Certificate will end on the date of such reduction.

**9) 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.

## **10) CONTINUATION OF INSURANCE**

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another group policy of critical illness or specified disease insurance issued to or provided through the group policyholder.

## **11) PREMIUMS**

Premium rates are based on your age on the effective date of coverage and are shown in the enclosed materials. Premium rates are subject to change as stated in the Group Policy.