MetLife®

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER
Group Policy Form No: GPNP07-CI & GPNP10-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE DISCLOSURE STATEMENT

THE GROUP POLICY IS ISSUED IN YOUR POLICYHOLDER'S SITUS STATE.

Critical Illness Insurance coverage is provided under a group policy that has been issued to Policyholder. One certificate is issued to each employee who is covered under the group policy. The group policy is a **LIMITED POLICY.**

The Group Policies provide specified disease coverage ONLY. Subject to the provisions of the Group Policies and Certificates, including but not limited to, the limitations, exclusions and submission of proof of a covered condition, the limited benefits are provided in the event that a covered person is diagnosed with certain specified diseases or has certain surgical procedures performed. The Group Policies and Certificates do not provide coverage for (i) mental illness; (ii) chemical dependency or (iii) certain forms of cancer (see the definitions of *Full Benefit Cancer and Partial Benefit Cancer* and the section entitled *"Exclusions Related to Covered Conditions."*

SPECIAL NOTICE FOR PERSONS ELIGIBLE FOR OR RECEIVING GOVERNMENTAL BENEFITS

THE GROUP POLICIES AND CERTIFICATES ARE NOT MEDICARE SUPPLEMENT POLICIES. They do not provide any Medicare Supplement Coverage. It is also important to note that the receipt of these limited benefits may affect eligibility for Medicaid or other governmental benefits and entitlements (collectively, the "governmental benefits"). Accordingly, persons who wish to maintain eligibility for governmental benefits should not purchase this limited benefit coverage without consulting a legal advisor.

For residents of Maine or North Carolina: If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

IMPORTANT NOTE ABOUT STATE SPECIFIC PROVISIONS

This Disclosure Statement has a section entitled "State Specific Provisions". You should read the State Specific Provisions Section carefully so that you are aware of any provisions which apply.

State Specific Provisions will take precedence over other provisions in this Disclosure Statement. As always, the Group Policy and Certificate take precedence over this Disclosure Statement.

You can contact MetLife at 1 800 GET-MET 8 should You have any questions about this important coverage.

[x:CA, FL, NY]

In this Disclosure Statement, “you” or “your” refers to the employee(s) of a group policyholder and “covered person(s)” refers to employees and their dependents who are insured under the Group Policy(ies) for this coverage.

1. **READ YOUR CERTIFICATE CAREFULLY** – This Disclosure Statement provides a very brief description of the important features of the group insurance coverage provided by the Group Policy(ies) and Certificate(s). This is not the insurance contract and only the actual provisions of the Group Polic(ies) and Certificate(s) under which you have coverage will control. Each Certificate sets forth in detail the rights and obligations of both you and MetLife under that Certificate. It is, therefore, important that you **READ EACH CERTIFICATE UNDER WHICH YOU HAVE COVERAGE 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 REQUIRED** – The Policies do NOT provide any type of medical coverage and are not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

1) BENEFITS OF YOUR CERTIFICATE

Covered Condition	Initial Benefit	Recurrence Benefit
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 ***

***Based on your medical coverage, Major Organ Transplant may or may not be covered under the Major Organ Transplant rider. Please refer to your employer's benefit plan description for further details.

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.

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

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 Major Organ Transplant rider, 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 rider.

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

Payment of this benefit does NOT reduce the Total Benefit Amount.

***Based on your medical coverage, Major Organ Transplant may or may not be covered under the Major Organ Transplant rider. Please refer to your employer's benefit plan description for further details

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:
  1. 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:
  1. 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.

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.

SUPPLEMENTAL BENEFITS

Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate and after your insurance has been in effect for 30 days, 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 of $50 or $100, depending on the plan you select.

The covered tests are: breast MRI; breast ultrasound; breast sonogram; carotid doppler; colonoscopy; virtual colonoscopy; flexible sigmoidoscopy; endoscopy; digital rectal exam (DRE); electrocardiogram (EKG); fasting blood glucose test; fasting plasma glucose test; two hour post-load plasma glucose test; hemocult stool specimen; mammogram; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; blood test to determine total cholesterol; blood test to determine triglycerides; or stress test on bicycle or treadmill.

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.

2) 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);
- angosia (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 180 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 who is a board certified cardiothoracic surgeon 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 who is a board certified cardiologist, 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

Dependent means the following as defined in the Certificate(s): your spouse, domestic partner*, and/or dependent child.

* Where allowed by law, Dependent coverage may vary by employer. Please contact MetLife for more information.

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 and 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 provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved 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.

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 artherosclerosis, 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 this Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist 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 classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- 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.

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;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefits 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 and the Major Organ Transplant*** Benefit Amount, if applicable.

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 tumor in the presence of human immuno-deficiency virus (this exclusion is not applicable to Florida residents);
- 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 tumor in the presence of human immuno-deficiency virus (this exclusion is not applicable to Florida residents);
- 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:

- 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.

Other Exclusions:

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 under a certificate, or before any Benefit Increase with respect to such covered person:

- 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; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

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 or payment of the Major Organ Transplant Benefit***.

8) DEPENDENT INSURANCE

When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. Once you have Dependent Insurance for at least one Dependent child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate of Insurance.

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.

DATE DEPENDENT INSURANCE ENDS:

A Dependent's insurance will end on the earliest of:

- the date your insurance under the Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance;
- the date you retire in accordance with the Group Policyholder's retirement plan; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

10) PREMIUMS.

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

STATE SPECIFIC PROVISIONS SECTION

Any state specific provisions will supersede the standard nationwide provisions.

For the states with specific provisions, the specific provisions apply as follows:

[x:CA, FL, NY]

(1) if the policy under which you have coverage is issued in one of the following states (see page 1 of this Disclosure Statement for the state of issuance), apply the state specific provisions, if any, for the state in which your Group Policy was issued:

Alabama, Arizona, Colorado, District Of Columbia, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Missouri, Nevada, New Jersey, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Virginia.

EXCEPT THAT:

(2) if you are a resident of one of the following states, apply the following state specific provisions for your state of residence notwithstanding the state of issuance of your Group Policy. The following states require their laws and regulations regarding this type of insurance to apply to coverage issued to their residents:

Alaska, Arkansas, Connecticut, Delaware, Idaho, Louisiana, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming.

Examples of how to apply State Specific Provisions:

1. If your Group Policy was issued in Alabama and you reside in Kentucky, you will apply the State Specific Provisions for Alabama, the state of issuance of your Group Policy. Kentucky is not listed in (2) above and does not require that its laws and regulations regarding this type of insurance apply to coverage issued to Kentucky residents..
2. If your Group Policy was issued in Alabama and you reside in Maine, you would apply the State Specific Provisions for Alabama, the state of issuance of your Group Policy. Although Maine is listed in (1) above, the states listed in (1) only apply their state specific provisions to group policies issued in that state. Since your Group Policy is issued in Alabama, you would follow the Alabama-specific provisions, not Maine's.
3. If your Group Policy was issued in Alabama and you reside in Washington, you would apply Washington's State Specific Provisions. Washington is one of the states which requires that its laws and regulations regarding this type of insurance apply to coverage issued to residents of the state, no matter where the Group Policy is issued.
4. If your Group Policy is issued in Vermont and you reside in Minnesota, you would apply Minnesota's state specific provisions because Minnesota's laws and regulations regarding this type of insurance apply to coverage issued to Minnesota residents no matter where the group policy is issued.

ARIZONA:

Exclusions Related to Covered Conditions:
The exclusion "any tumor in the presence of human immuno-deficiency virus;" is not applicable to Partial Benefit Cancer and Full Benefit Cancer.

Pre-Existing Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- 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; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

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. However, a preexisting condition does not include any sickness or injury for which there is no evidence that the sickness or injury actually existed before the Covered Person is insured under the Group Policy.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

CONNECTICUT: This coverage is called "Specified Disease Insurance" instead of "Critical Illness Insurance."

General Exclusions:
We will not pay benefits for covered conditions caused or contributed to by 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;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for any covered conditions caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the covered person's physician.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

DISTRICT OF COLUMBIA: **Civil Union Partner** means a relationship similar to marriage that is recognized as a Civil Union by the District of Columbia

Dependent means the following as defined in the Certificate(s): your spouse, domestic partner, civil union partner and/or dependent child.

Pre-Existing Condition Exclusion:
Preexisting Condition means a sickness or injury for which, in the 3 months before a Covered Person becomes insured under this Certificate, or before any Benefit Increase with respect to such Covered Person, 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 Covered Conditions that are caused by or result from a Preexisting Condition if the Covered Condition Occurs during the first 6 months that a Covered Person is insured under this Certificate.

With respect to a Benefit Increase, We will not pay benefits for such Benefit Increase for Covered Conditions that are caused by or result from a Preexisting Condition if such Covered Condition Occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

DELAWARE:

Dependent means the following as defined in the Certificate(s): your spouse, domestic partner(including civil union partner)and/or dependent child.

Pre-Existing Condition Exclusion:
Preexisting Condition means a sickness or injury for which, in the 3 months before a Covered Person becomes insured under this Certificate, or before any Benefit Increase with respect to such Covered Person 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 Covered Conditions that are caused by or result from a Preexisting Condition if the Covered Condition Occurs during the first 6 months that a Covered Person is insured under this Certificate.

With respect to a Benefit Increase, We will not pay benefits for such Benefit Increase for Covered Conditions that are caused by or result from a Preexisting Condition if such Covered Condition Occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

FLORIDA:

Exclusions Related to Covered Conditions:
The exclusion “any tumor in the presence of human immuno-deficiency virus;” is not applicable to Partial Benefit Cancer and Full Benefit Cancer.

GEORGIA:

This coverage is called “Limited Benefit Critical Illness Insurance” instead of “Critical Illness Insurance.”

HAWAII:

Dependent Insurance: Dependent means the following as defined in the certificate(s): your spouse, domestic partner, civil union partner, reciprocal beneficiary and/or dependent child.

IDAHO:

Other Exclusions: The exclusion for Intoxication does not apply.

Preexisting Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

Exclusions Related to Covered Conditions:
We will not pay benefits for a Major Organ Transplant***:

- performed outside the United States;
- involving stem cell generated transplants; or
- involving islet cell transplants.

ILLINOIS:

Dependent means the following as defined in the Certificate(s): your spouse, domestic partner(including civil union partner)and/or dependent child.

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 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 an Occurrence that is not a Recurrence of the following Covered Conditions experienced by 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.

Once we have paid an Initial Benefit for Alzheimer's Disease, we will not pay another Initial Benefit for Alzheimer's Disease.

Once we have paid an Initial Benefit for Coronary Artery Bypass Graft, we will not pay another Initial Benefit for Coronary Artery Bypass Graft.

Once we have paid an Initial Benefit for Full Benefit Cancer, we will not pay another Initial Benefit for Full Benefit Cancer unless the subsequent Occurrence of Full Benefit Cancer is Separate & Unrelated.

Once we have paid an Initial Benefit for Heart Attack, we will not pay another Initial Benefit for Heart Attack.

Once we have paid an Initial Benefit for Kidney Failure, we will not pay another Initial Benefit for Kidney Failure.

Once we have paid an Initial Benefit for Stroke, we will not pay another Initial Benefit for Stroke.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER AND LISTED CONDITIONS

If any of the following Covered Conditions 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 an Occurrence that is not a Recurrence of the following Covered Conditions experienced by a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer; or 2. a Listed Condition.

Once we have paid an Initial Benefit for Partial Benefit Cancer, we will not pay another Initial Benefit for Partial Benefit Cancer unless the subsequent Occurrence of Partial Benefit Cancer is Separate & Unrelated.

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 an earlier Occurrence of Coronary Artery Bypass Graft.

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for an earlier Occurrence of Full Benefit Cancer.

- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
  1. Occurs after an Initial Benefit was paid for an earlier 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 an earlier Occurrence of Heart Attack.

- with respect to Stroke:
  1. an Occurrence of Stroke after we have already paid an Initial Benefit for an earlier Occurrence of Stroke.

First Occurs or First Occurrence Definition and all references to the term "First Occurs" or "First Occurrence" have been deleted.

Initial Benefit means the benefit that we pay the first time:

- any one of the Listed Conditions Occurs while coverage is in effect under the Certificate; and
- each of the following Covered Conditions which Occurs while coverage is in effect under the Certificate: Alzheimer's Disease; Coronary Artery Bypass Graft; Full Benefit Cancer; Partial Benefit Cancer; Heart Attack; Stroke; and Kidney Failure.

INDIANA: **Preexisting Condition Exclusion:**

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

KENTUCKY: **<u>General Exclusions</u>:**

We will not pay benefits for covered conditions caused by, 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 narcotic, hallucinogen, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" narcotic, hallucinogen, 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.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

MAINE: This coverage is called “Specified Disease Insurance” instead of “Critical Illness Insurance.”

THIS CERTIFICATE PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER MEDICAL EXPENSES

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 Cancer Insurance to review the possible limits on benefits in this type of coverage.

SPECIFIED DISEASE INSURANCE COVERAGE is designed to provide a lump sum payment ONLY 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. Coverage is NOT provided for other diseases or accidents.

Pre-Existing Condition Exclusion. A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person

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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

WHEN INSURANCE ENDS: RENEWABILITY OF THE GROUP POLICY. Once the Group Policy is in effect, it will remain in force until ended by either MetLife or the Group Policyholder.

MARYLAND:

Health Screening Benefit: There is no Waiting Period on the Health Screening Benefit.

Definitions & Exclusions Related to Covered Conditions: Deleted the words "Board Certified" wherever used.

Occurs or Occurrence Definition:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or any of the Listed Conditions that the covered person 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. is Diagnosed with such Covered Condition; and
  2. 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.

Exclusions Related to Covered Conditions:
The exclusion "any tumor in the presence of human immuno deficiency virus;" is not applicable to Partial Benefit Cancer and Full Benefit Cancer:

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
- Diagnosis of a Listed Condition that is not a definitive Diagnosis.

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.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the Certificate.

Intoxication Exclusion: There is no intoxication exclusion.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person 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. A Preexisting Condition does not include a condition revealed on the Enrollment Form.

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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

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 grace period following 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 other than your retirement.

DATE DEPENDENT INSURANCE ENDS:

A Dependent's insurance will end on the earliest of:

- the date your insurance under the Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance;
- the date you retire in accordance with the Group Policyholder's retirement plan; or
- the end of the grace period following the period for which the last full premium has been paid for the Dependent.

HEALTH COVERAGE OPTIONS FOR CHILDREN TURNING AGE 18

This Notice provides you with information about how a child may remain covered under your health coverage after the child reaches age 18. Your child may remain covered under your current policy as a dependent beyond age 18, under the following rules:

Options to Remain Covered Under Parent's Coverage:

Your child may not remain covered under your current policy as a dependent beyond age 18 if he or she:

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country;
- lives outside of the United States for more than 12 consecutive months; or
- is insured under the Group Policy as an employee.

Incapacitated Child Coverage—If your child, at the time of reaching the limiting age in the policy, is incapable of self-support due to a mental or physical incapacity, the child may remain covered under your policy or contract as long as the child remains:

- Unmarried;
- Chiefly dependent on you for support; and
- Incapable of self-support due to the mental or physical incapacity; and
- If the child is your grandchild or an individual for whom guardianship is granted by court or testamentary appointment, in your custody.

Information Available from the Maryland Insurance Administration—The Maryland Insurance Administration has information available regarding health coverage that you might find helpful. The information includes a Consumer Guide for Health Insurance, as well as a list of all the carriers who sell individual health insurance or individual HMO coverage in Maryland, including contact information. The Maryland Insurance Administration's website is www.mdinsurance.state.md.us. Their telephone number is 1-800-492-6116.

MASSACHUSSETS: 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;
- the date 31 days after the date your employment ends for any reason other than a Plant Closing, or a Partial Plant Closing or your retirement unless, during such 31 day period, you become entitled to benefits under another policy that are similar to the benefits provided under this Certificate; or
- the date 90 days after the date your employment ends due to a Plant Closing or a Partial Plant Closing unless, during such 90 day period, you become entitled to benefits under another policy that are similar to the benefits provided under this Certificate.

Plant Closing and **Partial Plant Closing** have the meaning set forth in Massachusetts Annotated Law, Chapter 151A, Section 71A.

MINNESOTA:

Dependent Insurance: Dependent means Your Spouse, Dependent Child and/or Disabled Dependent.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- voluntarily taking or using any narcotic unless it is taken or used as prescribed by a physician:
- 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. If this happens, the covered condition will be deemed to have occurred on the date the diagnosis outside the United States was made.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the Certificate.

Intoxication Exclusion: There is no intoxication exclusion.

Preexisting Condition Exclusion: A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

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.

DATE DEPENDENT INSURANCE ENDS:

A Dependent's insurance will end on the earliest of:

- the date your insurance under the Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

MISSOURI: **General Exclusions:**

We will not pay benefits for covered conditions caused by, 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;
- 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.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

MONTANA:

The certificate does not provide coverage for mental illness or chemical dependency.

Health Screening Benefit: Mammogram benefit is not included in the Health Screening Benefit.

Mammogram Benefit:
For women who are 35 years of age or older, a mammogram that is performed will be covered each year for $70.

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 voluntarily 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 under a certificate, or before any Benefit Increase with respect to such covered person 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

Premium Rates Change Based On Age: The applicable Premium for you is shown in the rate sheet.

NEBRASKA:

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- committing a felony or attempting to commit a felony;
- participating in a 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.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the Certificate.

Preexisting Condition Exclusion:

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- 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; or
- any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

NEVADA: **General Exclusions:**

We will not pay benefits for covered conditions caused by, 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;
- 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.

Other Exclusions: The exclusion for Intoxication does not apply.

NEW HAMPSHIRE: **SEE ATTACHED NEW HAMPSHIRE DISCLOSURE DOCUMENT**

NEW JERSEY: **SEE ATTACHED NEW JERSEY DISCLOSURE DOCUMENT**

NEW MEXICO: **DATE DEPENDENT INSURANCE ENDS:**

A Dependent's insurance will end on the earliest of:

- the date your insurance under the Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- with respect to a Dependent child who is insured under the Group Policy pursuant to an administrative or court order, the date such order is no longer in effect;
- the date you cease to be in a class that is eligible for Dependent Insurance;
- the date you retire in accordance with the Group Policyholder's retirement plan.

- the end of the period for which the last full premium has been paid for the Dependent.

NORTH CAROLINA: This coverage is called "Cancer and Specified Diseases Insurance" instead of "Critical Illness Insurance."

NO RECOVERY FOR PRE-EXISTING DIAGNOSED CANCER – READ CAREFULLY. No benefits will be provided under the Certificate for cancer that is diagnosed before the 30th day after the effective date of the coverage.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from MetLife. The certificate provides critical illness coverage ONLY.

Definitions & Exclusions Related to Covered Conditions: Deleted the words "Board Certified" wherever used.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- actively 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.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the Certificate.

Pre-Existing Condition Exclusion:

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

Dependent Insurance:
When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children or for your adopted or foster children if such adopted or foster children are placed with you while insurance is in effect for you under the Certificate. Once you have Dependent Insurance for at least one Dependent child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate.

NORTH DAKOTA: **Exclusions Related to Covered Conditions:**
The exclusion "any tumor in the presence of human immuno-deficiency virus;" is not applicable to Partial Benefit Cancer and Full Benefit Cancer.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

OHIO: **Occurs or Occurrence Definition:**

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or a Listed Condition that the covered person 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. is Diagnosed with such Covered Condition; and
  2. all other causes 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.

OREGON: **Other Exclusions:** The exclusion for Intoxication does not apply.

PUERTO RICO: **Dependent Insurance—Domestic Partner:** Puerto Rico does not permit domestic partner coverage.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- committing a felony;
- taking part in a riot or insurrection as an active participant but not as an innocent bystander;
- intentionally causing a self-inflicted injury;
- 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;
- 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.

RHODE ISLAND: **Dependent** means the following as defined in the Certificate(s): your spouse, domestic partner(including civil union partner)and/or dependent child.

Preexisting Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

SOUTH DAKOTA: **Exclusions Related to Covered Conditions:**

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 tumor in the presence of human immuno-deficiency virus;
- 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 tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

General Exclusions: We will not pay benefits for Covered Conditions caused or contributed to by 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;
- engaging in an illegal occupation;
- 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.

Intoxication Exclusion: There is no intoxication exclusion.

TEXAS: THE GROUP POLICY 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.

Definitions & Exclusions Related to Covered Conditions: Deleted the words "Board Certified" wherever used.

Pre-Existing Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

UTAH:

Preexisting Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- 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; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

DATE DEPENDENT INSURANCE ENDS:

A Dependent's insurance will end on the earliest of:

- the date your insurance under the Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for your class;
- with respect to a Dependent child, the last day of the calendar month in which the person ceases to be a Dependent;
- with respect to your Spouse or Domestic Partner, the date the person ceases to be a Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance;
- the date you retire in accordance with the Group Policyholder's retirement plan; or
- the end of the period for which the last full premium has been paid for the Dependent.

VERMONT: This coverage is called "Limited Benefit Insurance" instead of "Critical Illness Insurance."

Dependent means the following as defined in the Certificate(s): your spouse, domestic partner(including civil union partner)and/or dependent child.

General Exclusions:
We will not pay benefits for covered conditions caused by, 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;
- 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.

Other Exclusions: The exclusion for Intoxication does not apply.

WASHINGTON: **SEE ATTACHED SPECIAL WA DISCLOSURE DOCUMENT**

WEST VIRGINIA: This coverage is called "Specified Disease Insurance" instead of "Critical Illness Insurance."

Preexisting Condition Exclusion: A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

WISCONSIN:

Exclusions Relating to Covered Conditions--Full Benefit and Partial Benefit Cancer Exclusions: The words "any tumor in the presence of human immuno-deficiency virus" were replaced with "any Kaposi's Sarcoma" to these exclusions.

General Exclusions:
We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony for which such covered person was convicted;
- participating in a 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.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the Certificate.

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 last day of the 31 day grace period following the date the last full premium was paid for you;
- the date you cease to be in an eligible class; or

DATE DEPENDENT INSURANCE ENDS:

A Dependent's insurance will end on the earliest of:

- the date your insurance under the Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance;
- the date you retire in accordance with the Group Policyholder's retirement plan; or
- the end of the last day of the 31 day grace period following the date the last full premium was paid for the Dependent.

WYOMING:

Preexisting Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

NEW HAMPSHIRE

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER
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 COVERAGE ONLY
THIS CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES
OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to Policyholder. One Certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The Certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the Certificate, including limitations, exclusions and submission of proof of a covered condition, the Certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. 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) 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 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!**

3) CRITICAL ILLNESS INSURANCE COVERAGE – Policies of this category are designed to provide to persons insured, restricted coverage payment benefits ONLY when certain losses occur as a result of critical illness. Coverage is not provided for basic hospital, basic medical-surgical, or major

medical expense. 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.

4) MEDICAL COVERAGE – The 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 apply for coverage under the Group Policy.

5) BENEFITS OF YOUR CERTIFICATE

Covered Condition	Initial Benefit	Recurrence Benefit
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
All Other Cancer	$100	$50
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Severe Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE ***

***Based on your medical coverage, Major Organ Transplant may or may not be covered under the Major Organ Transplant rider. Please refer to your employer's benefit plan description for further details.

CRITICAL ILLNESS BENEFITS FOR ALZHEIMER'S DISEASE, CORONARY ARTERY BYPASS GRAFT, FULL BENEFIT CANCER, HEART ATTACK, SEVERE 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. Severe Stroke; or
6. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

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.

CRITICAL ILLNESS BENEFITS FOR ALL OTHER CANCER
If All Other Cancer First Occurs for a covered person, while such covered person is insured under the certificate, proof of All Other Cancer must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the initial benefit for All Other Cancer, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount. .

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

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 Major Organ Transplant rider, 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 rider.

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

Payment of this benefit does NOT reduce the Total Benefit Amount.

***Based on your medical coverage, Major Organ Transplant may or may not be covered under the Major Organ Transplant rider. Please refer to your employer's benefit plan description for further details

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 or an All Other Cancer unless:
    1. 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:
  1. 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:
  1. 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 Severe Stroke:
  1. an Occurrence of Severe Stroke after we have already paid an Initial Benefit for the First Occurrence of Severe Stroke.

- with respect to All Other Cancer:
  1. an Occurrence of All Other Cancer after we have already paid an Initial Benefit for the First Occurrence of All Other Cancer.

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.

6) DEFINITIONS

All Other Cancer means all cancers that are not Full Benefit Cancer or Partial Benefit Cancer.

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);
- angosia (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 180 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 who is a board certified cardiothoracic surgeon 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 who is a board certified cardiologist, 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

Dependent means the following as defined in the Certificate(s): your spouse, domestic partner*, and/or dependent child.

* Where allowed by law, Dependent coverage may vary by employer. Please contact MetLife for more information.

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 provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved 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.

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 artherosclerosis, 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 who is a board certified nephrologist 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, Severe Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer, All Other 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 classified as Stage 0 and as TisN0M0 (cancer cells that still lie in the tissue of the site of origin and have not spread to neighboring tissue), provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as Stage I and as T1-4N0-3M0-1 provided that such tumors are treated by endoscopic procedures alone. (In other words:
  - the primary tumor is assigned a "T1", "T2", "T3" or "T4":
  - the extent of spread to lymph nodes is assigned a "N0", "N1", or "N3"; and
  - the absence or presence of distant metastasis is assigned an "M0" or "M1";
  provided that such tumors are treated by endoscopic procedures alone);
- malignant melanomas classified as Stage I and T1N0M0 (localized melanoma that has not spread to the lymph nodes and where there is no distant metastasis), for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness;
- tumors of the prostate classified as Stage II and T1bN0M0 (cancer that cannot be detected by digital rectal examination or seen by imaging, which is incidentally found when prostate tissue is removed for reasons other than cancer, which occupies more than 5% of the tissue removed, that has not spread to the lymph nodes and where there is no distant metastasis), provided that they are treated with a radical prostatectomy or external beam radiotherapy; and
- tumors of the prostate classified as Stage II and T1cN0M0 (cancer that cannot be detected by digital rectal examination or seen by imaging, which is identified by needle biopsy, often because of elevated PSA levels, that has not spread to the lymph nodes and where there is no distant metastasis), provided that they are treated with a radical prostatectomy or external beam radiotherapy.

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.

Severe Stroke means a cerebrovascular accident or incident producing measurable and functional 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;
- thrombus; or
- embolus from an extracranial source.

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 the Major Organ Transplant*** Benefit Amount, if applicable.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

7) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of All Other Cancer for:
- a condition that is Full Benefit Cancer; or
- a condition that is Partial Benefit Cancer.

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 under TNM Staging as Stage 0a and as TaN0M0 (a tumor of the bladder that has not spread to the lymph nodes and where there is no distant metastasis);
- any tumor of the prostate classified under TNM Staging as T1N0M0 (cannot be detected by digital rectal examination or seen by imaging, which has not spread to the lymph nodes and where there is no distant metastasis);
- any papillary tumor of the thyroid that is classified under TNM Staging as Stage I and as T1N0M0 or less (a tumor that is confined to the thyroid gland, which has not spread to the lymph nodes and where there is no distant metastasis) provided that such tumor is one centimeter or less in diameter (unless there is metastasis);
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer (unless there is metastasis); or
- any malignant tumor classified under TNM Staging as Stage 0, Stage I or Stage II and as less than T1N0M0.

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 under TNM Staging Stage 0a and as TaN0M0 (a tumor that has not spread to the lymph nodes and where there is no distant metastasis);
- any tumor of the prostate classified under TNM Staging as Stage I or Stage II and as T1aN0M0 (cancer that cannot be detected by digital rectal examination or seen by imaging, which is incidentally found when prostate tissue is removed for reasons other than cancer, that is limited to 5% or less of the prostate tissue removed, that has not spread to the lymph nodes and where there is no distant metastasis);
- any papillary tumor of the thyroid that is classified under TNM Staging as Stage I and as T1N0M0 or less (a tumor that is confined to the thyroid gland, which has not spread to the lymph nodes and
- where there is no distant metastasis) provided that the tumor is one centimeter or less in diameter;
- any tumor in the presence of human immuno-deficiency virus (this exclusion is not applicable to Florida residents);
- any non-melanoma skin cancer; or
- any melanoma in situ classified under TNM Staging as Stage 0 and as TisN0M0 (cancer cells that still lie in the tissue of the site of origin and have not spread to neighboring tissue).

We will not pay benefits for a Diagnosis of Severe 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);
- 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:
- 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.

Other Exclusions:

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 under a Certificate, or before any Benefit Increase with respect to such covered person:

- 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; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a Covered Condition that is caused by or results from a preexisting condition if the Covered Condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Severe 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 of the Major Organ Transplant Benefit***.

9) DEPENDENT INSURANCE

When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. Once you have Dependent Insurance for at least one Dependent child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate of Insurance.

10) 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 other than your retirement.

DATE DEPENDENT INSURANCE ENDS:

A Dependent's insurance will end on the earliest of:

- the date your insurance under the Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance;
- the date you retire in accordance with the Group Policyholder's retirement plan; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

11) PREMIUMS.

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

NEW JERSEY

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER
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 Policyholder. One certificate is issued to each employee who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY.** An employee applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate is a group certificate. This certificate provides critical illness coverage ONLY. It does NOT provide comprehensive medical or hospital insurance, Medicare supplement insurance, long-term care insurance, nursing home insurance only, home health care insurance only, or nursing home and home care insurance. You may contact your local Social Security office or MetLife and obtain a copy of the Guide to Health Insurance for People with Medicare.

Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. 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.

3) **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!**

4) **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.

[x:CA, FL, NY]

5) MEDICAL COVERAGE – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You must have medical insurance in place when you apply for coverage under the Group Policy.

6) BENEFITS OF YOUR CERTIFICATE

Covered Condition	Initial Benefit	Recurrence Benefit
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 ***

***Based on your medical coverage, Major Organ Transplant may or may not be covered under the Major Organ Transplant rider. Please refer to your employer's benefit plan description for further details.

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.

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

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 Major Organ Transplant rider, 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 rider.

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

Payment of this benefit does NOT reduce the Total Benefit Amount.

***Based on your medical coverage, Major Organ Transplant may or may not be covered under the Major Organ Transplant rider. Please refer to your employer's benefit plan description for further details

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:
  1. 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:
  1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.

- with respect to Heart Attack:
  2. 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 listed below while such covered person is insured under the Certificate and after your insurance has been in effect for 30 days, 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 of $50 or $100, depending on the plan you select.

The covered tests are: breast MRI; breast ultrasound; breast sonogram; carotid doppler; colonoscopy; virtual colonoscopy; flexible sigmoidoscopy; endoscopy; digital rectal exam (DRE); electrocardiogram (EKG); fasting blood glucose test; fasting plasma glucose test; two hour post-load plasma glucose test; hemocult stool specimen; mammogram; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; blood test to determine total cholesterol; blood test to determine triglycerides; or stress test on bicycle or treadmill.

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.

7) 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);
- angosia (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 180 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 open heart surgery performed by a physician who is a board certified cardiothoracic surgeon 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 who is a board certified cardiologist, 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

Dependent means the following as defined in the Certificate(s): your spouse, domestic partner*, civil union partner and/or dependent child.

* Where allowed by law, Dependent coverage may vary by employer. Please contact MetLife for more information.

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 provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved 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.

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 artherosclerosis, 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 who is a board certified nephrologist 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 a physician makes a Diagnosis that Coronary Artery Bypass Graft is medically necessary to correct narrowing or blockage of any of the covered person's coronary arteries.

- 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.

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 who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- 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.

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;
- thrombus; or
- embolus 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 and the Major Organ Transplant*** Benefit Amount, if applicable.

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:
- Diagnosed or performed outside the United States.

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 tumor in the presence of human immuno-deficiency virus (this exclusion is not applicable to Florida residents);
- 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 tumor in the presence of human immuno-deficiency virus (this exclusion is not applicable to Florida residents);
- 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:
- committing or attempting to commit a felony;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- 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.

Other Exclusions:

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 being intoxicated or being under the influence of any narcotic unless administered or consumed on the advice of a physician.

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 under a certificate, or before any Benefit Increase with respect to such covered person, 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.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

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 or payment of the Major Organ Transplant Benefit***.

8) DEPENDENT INSURANCE

When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. Once you have Dependent Insurance for at least one Dependent child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate of Insurance.

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 other than your retirement.

DATE DEPENDENT INSURANCE ENDS:

A Dependent's insurance will end on the earliest of:

- the date your insurance under the Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance;
- the date you retire in accordance with the Group Policyholder's retirement plan; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases, insurance provided under the Certificate may be continued or portable. Please consult your employer for further details.

10) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you and your Dependents are also subject to change at other times as stated in each of the group policies. The applicable premium for you is shown in the rate sheet.

This outline of coverage is only a very brief summary of your certificate.

The certificate itself sets forth the rights and obligations of both you and the insurance company. It is therefore imperative that you READ YOUR CERTIFICATE carefully.

The anticipated loss ratio for this certificate is 75%. This ratio is the portion of future premiums which MetLife expects to return as benefits, when averaged over all people with this certificate.

WASHINGTON

METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

This disclosure provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Metropolitan Life Insurance Company ("MetLife").

This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage you may have.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

The benefits under this policy are summarized below:

- **Type of Coverage: Critical Illness Insurance Coverage.** Policies of this category are designed to provide a fixed payment if the covered person is diagnosed with certain specified diseases or has certain surgeries performed for the first time after the coverage effective date. Alzheimer's Disease, Heart Attack, Kidney Failure, Listed Conditions, Major Organ Transplant, Stroke, Full Benefit Cancer, Partial Benefit Cancer and Coronary Artery

[x:CA, FL, NY]

Bypass Graft (the “covered conditions”) are the only diseases or surgeries for which a covered person may receive benefits under the certificate.

- **Benefit Amount:**

Covered Condition	*Initial Benefit*	*Recurrence Benefit*
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***

*** Based on your medical coverage, Major Organ Transplant may or may not be covered under the Major Organ Transplant rider. Please refer to your employer's benefit plan description for further details.

The Benefit Amount will be _____.
(amount chosen by you)

The Total Benefit Amount will be an amount equal to two times the Benefit Amount.

- **Benefit Triggers – Critical Illness Benefits:**

Critical Illness Benefits For Alzheimer’s Disease, Coronary Artery Bypass Graft, Full Benefit Cancer, Heart Attack, Kidney Failure and Stroke: 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 one of 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. Kidney Failure; or
6. Stroke.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

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

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 Major Organ Transplant rider, 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 rider.

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

Payment of this benefit does NOT reduce the Total Benefit Amount.

*** Based on your medical coverage, Major Organ Transplant may or may not be covered under the Major Organ Transplant rider. Please refer to your employer's benefit plan description for further details.

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 Re-Occurs 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, for a period of 180 days, had symptoms of or been treated for the Full 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 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:
  1. 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 a Stroke.

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.

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 or payment of the Major Organ Transplant Benefit.

- **Benefit Triggers – Supplemental Benefits:**

Health Screening Benefit
If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate and after your insurance has been in effect for 30 days, 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 of $50 or $100, depending on the plan you select.

The covered tests are: breast MRI; breast ultrasound; breast sonogram; carotid doppler; colonoscopy; virtual colonoscopy; flexible sigmoidoscopy; endoscopy; digital rectal exam (DRE); electrocardiogram (EKG); fasting blood glucose test; fasting plasma glucose test; two hour post-load plasma glucose test; hemocult stool specimen; mammogram; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; blood test to determine total cholesterol; blood test to determine triglycerides; or stress test on bicycle or treadmill.

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.

- **Duration of Coverage**
  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 date the Total Benefit Amount has been paid for you;
- 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.

A Dependent's insurance will end on the earliest of:
- the date your insurance under the certificate ends;
- the date Dependent Insurance ends under the group policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount has been paid for that Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases insurance may be continued as stated in the section of the certificate titled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

- **Renewability**
  The group policy will continue in force until it is canceled by either the group policyholder or MetLife.

Policy provisions that exclude, eliminate, restrict, limit, delay, or in any other manner operate to qualify payment of the benefits described above include the following:

8) 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);
- angosia (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 Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

Benefit Suspension Period means the 180 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 who is a board certified cardiothoracic surgeon 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 who is a board certified cardiologist, 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

Dependent means the following as defined in the certificate(s): Your spouse, domestic partner, and/or dependent child.

*** Where allowed by law, Dependent coverage may vary by employer. Please contact MetLife for more information.**

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 and Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that 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 provided that a medical practitioner, as defined in the certificate, 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.

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 artherosclerosis, 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 who is a board certified nephrologist 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 six 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 another entire organ is medically necessary;
- 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 another liver or liver tissue is medically necessary; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another 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 or Stroke, Kidney Failure, Full Benefit Cancer, Partial Benefit Cancer or any of the Listed Conditions 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 a physician has determined that:
  1. the entire replacement of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, with another entire organ, is medically necessary to treat the irreversible failure of such organ;

2. the complete or partial replacement of the covered person's liver with another liver or liver tissue is medically necessary to treat the irreversible failure of the covered person's liver; or
3. that a Physician has determined that the replacement of the covered person's bone marrow with bone marrow from the covered person or another human donor is medically necessary to treat the irreversible failure of the covered person's bone marrow.

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 medical practitioner, as defined in the certificate;
- 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.

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;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefits are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount, as specified in the certificate, that we will pay for any and all covered conditions combined, per covered person, per lifetime, as provided under the certificate. The Total Benefit Amount does not include Supplemental Benefits **and the Major Organ Transplant*** Benefit Amount, if applicable.**

2) 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 Major Organ Transplant:
- performed outside the United States;
- involving stem cell generated transplants; or
- involving islet cell transplants.

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 tumor in the presence of human immuno-deficiency virus (**this exclusion is not applicable to Florida residents);**
- 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 tumor in the presence of human immuno-deficiency virus **(this exclusion is not applicable to Florida residents);**
- 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.

We will not pay benefits for Listed Conditions 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 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;
- engaging in an illegal occupation;
- 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.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- 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; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition first occurs during the first 6 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

3) DEPENDENT INSURANCE

When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. To enroll a Dependent Child, that child must be under age 26. Once you have Dependent Insurance for at least one Dependent Child, if another child becomes your dependent that child will automatically be covered.

4) BENEFIT INCREASES

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) PREMIUMS.

Premium rates change based on age. Premium rates for you and your Dependents are also subject to change at other times as stated in the group policy.

[x:CA, FL, NY]

Critical Illness Insurance Disclaimers

Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not Hospitalized or under a Medical Restriction. Hospitalization and/or Medical Restriction means a person is (1) confined at home under a physician's care, (2) receiving or applying for disability benefits from any source, (3) an inpatient at a hospital, (4) receiving care in a hospice, intermediate care, or long term care facility, (5) receiving chemotherapy, radiation therapy, or dialysis. Some states require the insured to have medical coverage.

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 vary by state. There is a preexisting condition exclusion. There is a Benefit Suspension Period between Recurrences. A more detailed description of the benefits, limitations, and exclusions applicable to you can be found in the Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. Please contact MetLife for more information.

Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

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.

MetLife

Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law**.** The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on

what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our "Using Your Information" section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act ("HIPAA") may further limit how we may use and share your information.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office, P. O. Box 489, Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
General American Life Insurance Company
SafeHealth Life Insurance Company
MetLife Insurance Company of Connecticut
SafeGuard Health Plans, Inc.

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

This policy may pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

BEFORE YOU BUY THIS INSURANCE

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

Many policies promise to increase benefits after a patient has been in the hospital for 90 consecutive days. However, since the average stay in a hospital for a cancer patient is 13 days, large dollar amounts for extended benefits have very little value for most patients.

Many cancer insurance policies have fixed dollar limits. For example, a policy might pay only up to $1,500 for surgery costs or $1,000 for radiation therapy, or it may have fixed payments such as $50 or $100 for each day in the hospital. Others limit total benefits to a fixed amount such as $5,000 or $10,000.

No policy will cover cancer diagnosed before you applied for the policy. Some policies will deny coverage if you are later found to have had cancer at the time of purchase, even if you did not know it.

Most cancer insurance does not cover cancer-related illnesses. Cancer or its treatment may lead to other physical problems, such as infection, diabetes or pneumonia.

Many policies contain time limits. Some policies require waiting periods of 30 days or even several months before you are covered. Others stop paying benefits after a fixed period of two or three years.

Prepared by the National Association
of Insurance Commissioners

A Shopper's Guide To CANCER INSURANCE

Should You Buy Cancer Insurance?

Cancer Insurance Is Not a Substitute For Comprehensive Coverage

Caution: Limitations On Cancer Insurance

Cancer Insurance ...

Cancer insurance provides benefits only if you get cancer. No policy will cover you for cancer diagnosed before you applied for the policy. Examples of other specified disease policies are heart attack or stroke policies. The information in this booklet applies to cancer insurance, but could very well apply to other specified disease policies.

Cancer Insurance Is Not A Substitute For Comprehensive Coverage ...

Cancer treatment accounts for about 10% of U.S. health expenses. In fact, no single disease accounts for more than a small proportion of the American public's health care bill. This is why it is essential to have insurance coverage for all conditions, not just cancer.

If you and your family are not protected against catastrophic medical costs, you should consider a major medical policy. These policies pay a large percentage of your covered costs after a deductible is paid either by you or your basic insurance. They often have very high maximums, such as $100,000 to $1,000,000. Major medical policies will cover you for any accident or sickness, including cancer. They cost more than cancer policies because they cover more, but they are generally considered a better buy.

Should You Buy Cancer Insurance? ... Many People Don't Need It

If you are considering cancer insurance, ask yourself three questions: Is my current coverage adequate for these costs? How much will the treatment cost if I do get cancer? How likely am I to contract the disease?

If you have Medicare and want more insurance, a comprehensive Medicare supplement policy is what you need.

Low-income people who are Medicaid recipients do not need any more insurance. If you think you might qualify, contact your local social service agency.

Duplicate Coverage is Expensive and Unnecessary. Buy basic coverage first, such as a major medical policy. Make sure any cancer policy will meet needs not met by your basic insurance. You cannot assume that double coverage will result in double benefits. Many cancer policies advertise that they will pay benefits no matter what your other insurance pays. However, your basic policy may contain a coordination of benefits clause. That means it will not pay duplicate benefits. To find out if you can get benefits from both policies, check your major medical insurance as well as the cancer policy.

Some Cancer Expenses May Not be Covered Even by a Cancer Policy. Medical costs of cancer treatment vary. On the average, hospitalization accounts for 78% of such costs and physician services make up 13%. The remainder goes for other professional services, drugs and nursing home care. Cancer patients often face large, non-medical expenses that are not usually covered by cancer insurance. Examples are home care, transportation and rehabilitation costs.

Don't be Mislead by Emotions. While 3 in 10 Americans will get cancer over a lifetime, 7 in 10 will not. In any one year, only one American in 250 will get cancer. The odds are against you receiving any benefits from a cancer policy. Be sure you know what conditions must be met before the policy will start to pay your bills.

Caution: Limitations Of Cancer Insurance ...

Cancer policies sold today vary widely in cost and coverage. If you decide to purchase a cancer policy, contact different companies and agents, and compare the policies before you buy. The following are some common limitations.

Some policies pay only for hospital care. Today cancer treatment, including radiation, chemotherapy and some surgery, is often given on an outpatient basis. Because the average stay in the hospital for a cancer patient is only 13 days, a policy that pays only when you are hospitalized has limited value.

Group Critical Illness Fraud Warnings

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: **It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.**

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon and Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.