

## Authority Brands: Critical Illness Insurance

Benefits that may help cover expenses that are not covered by your medical plan.

### Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
<b>Employee</b>	<b>\$10,000, \$20000, or \$30000</b>	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse/Domestic Partner<sup>2</sup></b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>
<b>Dependent Child(ren)<sup>3</sup></b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>

### Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit<sup>4</sup>** for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit Amount** and is unlimited for your Benefit Amount. This means that you can receive multiple unlimited benefit payments.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Covered Conditions*	Initial Benefit	Recurrence Benefit
<b>Benign Tumor Category</b>		
Benign Brain Tumor	50% of Benefit Amount	50% of Initial Benefit Amount
<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	50% of Initial Benefit Amount
Non-Invasive Cancer	100% of Benefit Amount	50% of Initial Benefit Amount
Skin Cancer	5% of Benefit Amount, but not less than \$250	None
<b>Cardiovascular Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	100% of Benefit Amount	50% of Initial Benefit Amount
<b>Childhood Disease Category</b>		
Cerebral Palsy	50% of Benefit Amount	None



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Cleft Lip or Cleft Palate	50% of Benefit Amount	None
Congenital Heart Disease	50% of Benefit Amount	None
Cystic Fibrosis	50% of Benefit Amount	None
Diabetes (Type 1)	50% of Benefit Amount	None
Down Syndrome	50% of Benefit Amount	None
Gaucher Disease (Type 2 or 3)	50% of Benefit Amount	None
Glycogen Storage Type IV Disease	50% of Benefit Amount	None
Infantile Tay Sachs	50% of Benefit Amount	None
Niemann-Pick Disease	50% of Benefit Amount	None
Pompe Disease	50% of Benefit Amount	None
Sickle Cell Anemia	50% of Benefit Amount	None
Spina Bifida	50% of Benefit Amount	None
Zellweger Syndrome	50% of Benefit Amount	None
<b>Functional Loss Category</b>		
Coma	100% of Benefit Amount	50% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	None
Paralysis of 2 or More Limbs	100% of Benefit Amount	None
<b>Heart Attack Category</b>		
Heart Attack	100% of Benefit Amount	50% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	None
<b>Infectious Disease Category-</b>		
For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	None
Covid-19	25% of Benefit Amount	None
Diphtheria	25% of Benefit Amount	None
Encephalitis	25% of Benefit Amount	None
Legionnaire's Disease	25% of Benefit Amount	None
Malaria	25% of Benefit Amount	None
Necrotizing Fasciitis	25% of Benefit Amount	None
Osteomyelitis	25% of Benefit Amount	None
Rabies	25% of Benefit Amount	None
Tetanus	25% of Benefit Amount	None
Tuberculosis	25% of Benefit Amount	None
<b>Kidney Failure Category</b>		
Kidney Failure	100% of Benefit Amount	None
<b>Major Organ Transplant Category</b>		
Major Organ Transplant For bone marrow, heart, lung, pancreas, and liver	100% of Benefit Amount	None
<b>Progressive Disease Category</b>		
ALS	100% of Benefit Amount	None
Alzheimer's Disease	100% of Benefit Amount	None
Multiple Sclerosis	100% of Benefit Amount	None

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Muscular Dystrophy	100% of Benefit Amount	None
Parkinson's Disease (Advanced)	100% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	None
<b>Severe Burn Category</b>		
Severe Burn	100% of Benefit Amount	50% of Initial Benefit
<b>Stroke Category</b>		
Stroke	100% of Benefit Amount	50% of Initial Benefit

### \* Notes Regarding Covered Conditions

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
  - Coma
  - Loss of: Ability to Speak; Hearing; or Sight
  - Paralysis
  - Severe Burn

**Health Screening Benefit:** MetLife will provide an annual benefit of **\$50 per calendar year** for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit

## Questions & Answers

### Q. Who is eligible to enroll for this critical illness coverage?

A. **You are eligible to enroll yourself and your eligible family members!**<sup>5</sup> You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

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

A. **Premiums will be paid through payroll deduction**, so you don't have to worry about writing a check or missing a payment.

### Q. What happens if my employment status changes? Can I take my coverage with me?

A. **Yes, you can take your coverage with you.**<sup>6</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

### Q. Who do I call for assistance

A. **Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: [mybenefits.metlife.com](http://mybenefits.metlife.com).**

## Critical Illness Insurance

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

**Premium Rates are based on per \$1000 of Coverage.**

Weekly premiums per \$1,000				
Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.09	\$0.15	\$0.13	\$0.18
25 - 29	\$0.12	\$0.18	\$0.15	\$0.22
30 - 34	\$0.15	\$0.24	\$0.19	\$0.27
35 - 39	\$0.20	\$0.31	\$0.24	\$0.35
40 - 44	\$0.30	\$0.46	\$0.34	\$0.49
45 - 49	\$0.42	\$0.62	\$0.45	\$0.65
50 - 54	\$0.57	\$0.84	\$0.61	\$0.88
55 - 59	\$0.77	\$1.11	\$0.80	\$1.15
60 - 64	\$1.04	\$1.51	\$1.08	\$1.54
65 - 69	\$1.32	\$1.91	\$1.36	\$1.95
70 - 74	\$1.62	\$2.35	\$1.66	\$2.39
75+	\$2.03	\$2.97	\$2.07	\$3.00

Bi-weekly premiums per \$1,000				
Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.18	\$0.30	\$0.26	\$0.36
25 - 29	\$0.24	\$0.36	\$0.30	\$0.44
30 - 34	\$0.30	\$0.48	\$0.38	\$0.54
35 - 39	\$0.40	\$0.62	\$0.48	\$0.70
40 - 44	\$0.60	\$0.92	\$0.68	\$0.98
45 - 49	\$0.84	\$1.24	\$0.90	\$1.30
50 - 54	\$1.14	\$1.68	\$1.22	\$1.76
55 - 59	\$1.54	\$2.22	\$1.60	\$2.30
60 - 64	\$2.08	\$3.02	\$2.16	\$3.08
65 - 69	\$2.64	\$3.82	\$2.72	\$3.90
70 - 74	\$3.24	\$4.70	\$3.32	\$4.78
75+	\$4.06	\$5.94	\$4.14	\$6.00

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<sup>2</sup> Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>3</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>4</sup> Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

<sup>5</sup> Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>6</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

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 may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses