

## Critical Illness Insurance

Benefits that may help cover costs such as those not covered by your medical plan.



Atrium Health

### Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
<b>Employee</b>	<b>\$15,000 or \$30,000</b>	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse</b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the spouse 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 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.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit Amount** and is 3 times the amount of your Benefit Amount. This means that you can receive multiple benefit payments until you reach the maximum of \$45,000 or \$90,000.

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

<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit Amount
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit Amount
<b>Cardiovascular Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of Benefit Amount	100% of Initial Benefit Amount
<b>Childhood Disease Category</b>		
Cerebral Palsy	25% of Benefit Amount	None
Cystic Fibrosis	25% of Benefit Amount	None
Sickle Cell Anemia	25% of Benefit Amount	None
<b>Functional Loss Category</b>		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
<b>Infectious Disease Category</b>		
Anthrax	100% of Benefit Amount	None
Bacterial Cerebrospinal Meningitis	100% of Benefit Amount	None



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COVID-19	25% of Benefit Amount	None
Diphtheria	25% of Benefit Amount	None
Encephalitis	100% 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
Rocky Mountain Spotted Fever	100% of Benefit Amount	None
Tetanus	25% of Benefit Amount	None
Tuberculosis	100% of Benefit Amount	None
Typhoid Fever	100% 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 <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	None
<b>Progressive Disease Category</b>		
Adrenal Hypofunction (Addison's Disease)	25% of Benefit Amount	None
ALS	25% of Benefit Amount	None
Alzheimer's Disease	100% of Benefit Amount	None
Huntington's Disease	25% of Benefit Amount	None
Multiple Sclerosis	25% of Benefit Amount	None
Muscular Dystrophy	25% of Benefit Amount	None
Myasthenia Gravis	25% of Benefit Amount	None
Poliomyelitis	25% of Benefit Amount	None
Primary Sclerosing Cholangitis (Walter Payton's Disease)	100% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	25% of Benefit Amount	None
Systemic Sclerosis (Scleroderma)	25% of Benefit Amount	None
<b>Stroke Category</b>		
Stroke	100% of Benefit Amount	100% 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.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- 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.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.

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- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
  - Aortic Valve or Mitral Valve Repair or Replacement
  - Coma
  - Congenital Heart Disease (for which Surgery has been recommended for treatment)
  - Coronary Angioplasty
  - ICD
  - Loss of: Ability to Speak; Hearing; or Sight
  - Major Organ Transplant Donation
  - Pacemaker
  - Paralysis
  - Severe Burn

GUAM RESIDENTS: Please refer to the Disclosure Document/Outline of Coverage for the terms of your coverage which may differ materially from what is shown in this plan summary.

**Health Screening Benefit** MetLife will provide an annual benefit of **\$100** per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states.

### Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$15,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of \$15,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of \$15,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of \$15,000 or 100%

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

### 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>4</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>5</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. Please call MetLife directly at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8 p.m., EST** to speak with a benefits consultant. Or visit our website: [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)



## Critical Illness Insurance

### Insurance Rates

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

### Monthly (12) Cost

Attained Age	\$15,000 Coverage				\$30,000 Coverage			
	EE Only	EE + Spouse	EE + Children	EE + Family	EE Only	EE + Spouse	EE + Children	EE + Family
<25	\$ 3.90	\$ 7.20	\$ 7.20	\$ 10.95	\$ 7.80	\$ 14.40	\$ 14.40	\$ 21.90
25–29	\$ 4.95	\$ 8.55	\$ 8.55	\$ 12.45	\$ 9.90	\$ 17.10	\$ 17.10	\$ 24.90
30–34	\$ 6.30	\$10.50	\$10.50	\$ 14.70	\$ 12.60	\$ 21.00	\$ 21.00	\$ 29.40
35–39	\$ 8.25	\$13.05	\$13.05	\$ 17.40	\$ 16.50	\$ 26.10	\$ 26.10	\$ 34.80
40–44	\$12.00	\$18.15	\$18.15	\$ 23.25	\$ 24.00	\$ 36.30	\$ 36.30	\$ 46.50
45–49	\$17.40	\$25.35	\$25.35	\$ 31.35	\$ 34.80	\$ 50.70	\$ 50.70	\$ 62.70
50–54	\$26.10	\$37.80	\$37.80	\$ 45.60	\$ 52.20	\$ 75.60	\$ 75.60	\$ 91.20
55–59	\$34.95	\$50.70	\$50.70	\$ 60.75	\$ 69.90	\$101.40	\$101.40	\$121.50
60–64	\$46.95	\$68.25	\$68.25	\$ 80.85	\$ 93.90	\$136.50	\$136.50	\$161.70
65+	\$69.00	\$99.90	\$99.90	\$117.30	\$138.00	\$199.80	\$199.80	\$234.60

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

### Bi-Weekly (26) Cost

Attained Age	\$15,000 Coverage				\$30,000 Coverage			
	EE Only	EE + Spouse	EE + Children	EE + Family	EE Only	EE + Spouse	EE + Children	EE + Family
<25	\$ 1.80	\$ 3.30	\$ 3.30	\$ 5.10	\$ 3.60	\$ 6.60	\$ 6.60	\$ 10.20
25–29	\$ 2.25	\$ 3.90	\$ 3.90	\$ 5.70	\$ 4.50	\$ 7.80	\$ 7.80	\$ 11.40
30–34	\$ 3.00	\$ 4.80	\$ 4.80	\$ 6.75	\$ 6.00	\$ 9.60	\$ 9.60	\$ 13.50
35–39	\$ 3.75	\$ 6.00	\$ 6.00	\$ 8.10	\$ 7.50	\$12.00	\$12.00	\$ 16.20
40–44	\$ 5.55	\$ 8.40	\$ 8.40	\$10.65	\$11.10	\$ 6.80	\$ 6.80	\$ 21.30
45–49	\$ 7.95	\$11.70	\$11.70	\$14.55	\$15.90	\$23.40	\$23.40	\$ 29.10
50–54	\$12.00	\$17.40	\$17.40	\$21.00	\$24.00	\$34.80	\$34.80	\$ 42.00
55–59	\$16.20	\$23.40	\$23.40	\$28.05	\$32.40	\$46.80	\$46.80	\$ 56.10
60–64	\$21.75	\$31.50	\$31.50	\$37.35	\$43.50	\$63.00	\$63.00	\$ 74.70
65+	\$31.80	\$46.05	\$46.05	\$54.15	\$63.60	\$92.10	\$92.10	\$108.30

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.



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- <sup>1</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.
- <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> 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 offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. 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