

GIS Benefits VB Program – Critical Illness Insurance

Help your employees prepare for the unexpected.

- Provides a lump sum benefit payment to be used as the employee chooses¹
- Guaranteed issue amount of \$10,000, \$20,000 or \$30,000¹
- No pre-existing condition exclusion
- Health Screening Benefit to encourage healthy behaviors by rewarding preventative care²
- No age restriction³



There may be expenses that aren't covered by medical plans. Critical Illness Insurance pays a lump-sum payment for a covered condition that can help with the financial strain of deductibles, co-pays, and non-medical costs. So you can help your employees focus on recovery—not unexpected expenses.

Employee Paid Offer

Rates and plan design are valid September 1, 2021 through December 1, 2023

Plan Design

Benefit for Covered Conditions	Initial Benefit	Recurrence Benefit ⁴
Alzheimer's Disease ⁵	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft ⁶	100% of Benefit Amount	100% of Benefit Amount
Full Benefit Cancer ⁷	100% of Benefit Amount	100% of Benefit Amount
Partial Benefit Cancer ⁷	25% of Benefit Amount	25% of Benefit Amount
Heart Attack ⁸	100% of Benefit Amount	100% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant ⁹	100% of Benefit Amount	NONE
Stroke ¹⁰	100% of Benefit Amount	100% of Benefit Amount
Listed Conditions ¹¹	Receive 25% of the initial benefit amount for 22 conditions: 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. A Covered Person may only receive one benefit payment for a Listed Condition in his/her lifetime.	

Benefit Suspension Period⁴	<p>After a covered condition occurs, there is a 365-day Benefit Suspension Period during which the plan does not pay Recurrence benefits. The Benefit Suspension Period does not apply to first occurrences of distinct covered conditions.</p> <p>We will not pay Recurrence benefits for Full Benefit Cancer or Partial Benefit Cancer benefits unless the insured has not been treated nor had symptoms for at least 180 days.</p>
Health Screening Benefit²	<p>If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the certificate, MetLife will pay a Health Screening Benefit upon submission of proof that such measure was taken. When MetLife receives such proof, MetLife will review it, and if MetLife approves the claim, MetLife will pay a Health Screening Benefit of \$50.</p> <p>The Covered Tests are: physical exam, biopsies for cancer, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid Doppler, chest x-rays, clinical testicular exam, colonoscopy, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), endoscopy, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms, and virtual colonoscopy.</p> <ul style="list-style-type: none"> · We will only pay one Health Screening Benefit per covered person per calendar year. · Health Screening Benefits are not available in all states. · MT residents will have a separate \$70 mammogram benefit.

1. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. For CA-situated cases, coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (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. Additional restrictions may apply to dependents serving in the armed forces or living overseas.
2. The Health Screening Benefit is not available in certain states. In some states, there is a separate mammogram benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.
3. Children may be covered to age 26. The plan may include a Benefit Reduction Due to Age provision.
4. There is a Benefit Suspension Period between Recurrences. We will not pay a Recurrence Benefit for a Covered Condition that Recurs 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 had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Treatment Free Period. A Recurrence Benefit is available for the following conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer.
5. Please review the Outline of Coverage for specific information about Alzheimer's disease.
6. In certain states, the Covered Condition is Coronary Artery Disease.
7. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-situated cases and NH residents, there is an initial benefit of \$100 for All Other Cancer.
8. 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.
9. 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.
10. In certain states, the Covered Condition is Severe Stroke.

Premium* Structure (Monthly Premium for \$1,000 of Coverage)

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children
<25	\$0.66	\$1.06	\$0.98	\$1.38
25-29	\$0.70	\$1.12	\$1.02	\$1.44
30-34	\$0.92	\$1.45	\$1.24	\$1.77
35-39	\$1.06	\$1.66	\$1.38	\$1.98
40-44	\$1.25	\$1.95	\$1.57	\$2.26
45-49	\$1.85	\$2.84	\$2.17	\$3.16
50-54	\$2.69	\$4.10	\$3.01	\$4.42
55-59	\$3.83	\$5.82	\$4.15	\$6.13
60-64	\$5.23	\$7.92	\$5.55	\$8.24
65-69	\$7.24	\$10.94	\$7.56	\$11.25
70+	\$10.65	\$16.04	\$10.97	\$16.36

*Rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. Rates are subject to change. Please refer to the Disclosure Statement or Outline of Coverage/Disclosure Document for more information including the exclusions and limitations which apply to coverage.

**Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.

Contact a GIS Benefits Sales Consultant to learn more.

Call us at [xxx-xxx-xxxx] or email [XXXX]

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“*Products*”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (*each an “Intermediary”*). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

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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 may vary by state. After a covered condition occurs, there is a benefit suspension period during which benefits will not be paid for a recurrence, except in the case of individuals covered under a New York certificate. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. A more detailed description of the benefits, limitations, and exclusions applicable 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 or 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.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC or by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

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