

Critical Illness Insurance

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.

**First District Regional
Educational Service Agency**

Critical Illness Insurance Benefits

| Eligible Individual | Benefit Amount | Requirements |
|--|--|---|
| Coverage Options | | |
| Employee | \$5,000 \$10,000 or \$20,000 | Coverage is guaranteed provided you are actively at work. ¹ |
| Spouse/Domestic Partner² | 50% of the Employee's Initial Benefit | 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. ¹ |
| Dependent Child(ren)³ | 50% of the Employee's Initial Benefit | 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. ¹ |

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 Benefit⁴** 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 5 times the amount of your Benefit Amount. This means that you can receive multiple benefit payments until you reach the maximum of \$25,000 \$50,000 or \$100,000.

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

| Covered Conditions | Initial Benefit | Recurrence Benefit |
|--|---|-------------------------|
| Benign Tumor Category | | |
| Benign Brain Tumor | 100% of Benefit Amount | 100% of Initial Benefit |
| Cancer Category | | |
| Invasive Cancer | 100% of Benefit Amount | 100% of Initial Benefit |
| Non-Invasive Cancer | 25% of Benefit Amount | 100% of Initial Benefit |
| Skin Cancer | 5% of Benefit Amount, but not less than \$250 | NONE |
| Cardiovascular Disease Category | | |



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| | | |
|--|------------------------|-------------------------|
| Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i> | 50% of Benefit Amount | 100% of Initial Benefit |
| Childhood Disease Category | | |
| Cerebral Palsy | 100% of Benefit Amount | NONE |
| Cleft Lip or Cleft Palate | 100% of Benefit Amount | NONE |
| Cystic Fibrosis | 100% of Benefit Amount | NONE |
| Diabetes (Type 1) | 100% of Benefit Amount | NONE |
| Down Syndrome | 100% of Benefit Amount | NONE |
| Sickle Cell Anemia | 100% of Benefit Amount | NONE |
| Spina Bifida | 100% of Benefit Amount | NONE |
| Functional Loss Category | | |
| Coma | 100% of Benefit Amount | 100% 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 |
| Heart Attack Category | | |
| Heart Attack | 100% of Benefit Amount | 100% of Initial Benefit |
| Sudden Cardiac Arrest <i>Payable upon death</i> | 50% of Benefit Amount | NONE |
| Infectious Disease Category | | |
| <i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.</i> | | |
| 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 |
| Kidney Failure Category | | |
| Kidney Failure | 100% of Benefit Amount | NONE |

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| Major Organ Transplant Category | | |
|--|------------------------|-------------------------|
| Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i> | 100% of Benefit Amount | NONE |
| Progressive Disease Category | | |
| ALS | 100% of Benefit Amount | NONE |
| Alzheimer's Disease | 100% of Benefit Amount | NONE |
| Multiple Sclerosis | 100% of Benefit Amount | NONE |
| 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 |
| Severe Burn Category | | |
| Severe Burn | 100% of Benefit Amount | 100% of Initial Benefit |
| Stroke Category | | |
| Stroke | 100% of Benefit Amount | 100% of Initial Benefit |
| Transient Ischemic Attack | 25% of Benefit Amount | 100% of Benefit Amount |

* 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.
- **Infectious Disease Covered Condition Category** – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- **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.
- 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

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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.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$20,000.

| Illness – Covered Condition | Payment |
|--|--|
| Heart Attack — first verified diagnosis | Initial Benefit payment of \$20,000 or 100% |
| Kidney Failure – first verified diagnosis, two years later | Initial Benefit payment of \$20,000 or 100% |
| Heart Attack — second verified diagnosis, four years later | Recurrence Benefit payment of \$20,000 or 100% |

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at mybenefits.metlife.com.

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

A. You are eligible to enroll yourself and your eligible family members!⁵ 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.⁶ 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.

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. Some states require the insured to have medical coverage.]

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

³ Dependent Child coverage varies by state. Please contact MetLife for more information.

⁴ 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.

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

⁶ 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.



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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 vary by state. There may be a preexisting condition exclusion. There may be a Benefit Reduction Due to Age provision. 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.

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BENEFIT REDUCTION DUE TO AGE

ADDITIONAL DEFINITIONS THAT APPLY TO BENEFIT REDUCTION DUE TO AGE

Benefit Reduction Due to Age means the reduction of a Covered Person's Benefit Amount and Remaining Total Benefit Amount when that Covered Person reaches a specified age.

Remaining Total Benefit Amount (RTBA) means the Total Benefit Amount reduced by any prior claims paid for the Covered Person as set forth in the Rules for Total Benefit Amount and Reduction for Prior Claims Paid provision.

BENEFIT REDUCTION DUE TO AGE SCHEDULE

The Benefit Amount and Remaining Total Benefit Amount for a Covered Person will be reduced by:

- 50% on the date the Covered Person reaches age 70.

In addition, please note that if coverage under this Certificate initially takes effect for a Covered Person who is age 70 or older, benefits set forth on the Schedule will be reduced in accordance with this provision. References to reductions that take place "on the date" a Covered Person reaches a specified age will be applied to the Benefit Amount and Remaining Total Benefit Amount for a Covered Person who has already reached that age on their coverage effective date.

The Benefit Reduction Due to Age does not apply to Supplemental Benefits.

Benefit Reduction beginning at Age 70

Step 1: Reduce the Benefit Amount by 50%

The Benefit Amount shown on the Schedule is reduced by 50% on the date a Covered Person reaches age 70 using the following formula:

- a) multiply the Benefit Amount by 50% (0.5) to obtain the age reduction amount; and
- b) subtract the age reduction amount from the Benefit Amount to obtain the reduced Benefit Amount.

Step 2: Proportionally Reduce the Remaining Total Benefit Amount (RTBA)

The Remaining Total Benefit Amount is reduced so that the proportional relationship between the Remaining Total Benefit Amount and the Benefit Amount is unchanged on the date a Covered Person reaches age 70. The following formula is used to determine the Remaining Total Benefit Amount for the age reduction at age 70:

- a) divide the Benefit Amount after the age reduction from Step 1 by the Benefit Amount before the age reduction; and
- b) multiply the result by the Remaining Total Benefit Amount before the age reduction.

Calculation Example

The following example is provided for illustration purposes to explain how the Benefit Reduction Due to Age will be applied. This example does not necessarily reflect the Benefit Reduction Due to Age for Your specific coverage.

Benefit Reduction at Age 70

Assume the Covered Person's Benefit Amount is \$10,000 on the Certificate Effective Date and there is a Remaining Total Benefit Amount of \$30,000 at the time of the reduction at Age 70.

Step 1: Reduce the Benefit Amount by 50%

- a) *multiply \$10,000 by 50% (0.5) for a result of \$5,000 (\$5,000 is the amount by which the Benefit Amount will be reduced).*
- b) *subtract \$5,000 from \$10,000 which equals \$5,000 (\$5,000 is the reduced Benefit Amount at age 70).*

Step 2: Proportionally Reduce the Remaining Total Benefit Amount

(\$5,000 divided by \$10,000) multiplied by \$30,000 equals \$15,000 (\$15,000 is the Remaining Total Benefit Amount at age 70).