



City of Springfield Life Benefits

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Your employer provides you with Basic Term Life and Accidental Death and Dismemberment insurance coverage in the amount of \$25,000, subject to an age reduction of 35% at age 65 and 50% at age 70.

Supplemental Term Life Insurance Coverage Options

Supplemental Term Life	
All Active Full Time Employees (30 Hours)	<ul style="list-style-type: none"> \$5,000 increments to a maximum of the lesser of 3.00 times pay or \$500,000 A minimum benefit of \$5,000 Medical Evidence Level: \$100,000 (newly eligible) If you were not previously enrolled you must complete a statement of health form for any amount of coverage.
Supplemental Dependent Life	
All Active Full Time Employees (30 Hours)	<p>Spouse Benefit:</p> <ul style="list-style-type: none"> \$5,000 increments to a maximum of \$100,000, not to exceed 50% of employee's Supplemental Life Benefit A minimum benefit of \$5,000 Spouse Medical Evidence Level: \$30,000 (newly eligible) If your spouse was not previously enrolled your spouse must complete a statement of health form for any amount of coverage. <p>Child Benefit:</p> <ul style="list-style-type: none"> Child 15 days to 6 months old: \$100 Child more than 6 months, but less than 1 year old: \$10,000 Child more than 1 year old: \$10,000 Child limiting age: 26

Monthly Costs* for Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of your last birthday) as well as those for your spouse (based on your last birthday). Rates to cover your child(ren) are also shown.

Age	Monthly Cost Per \$1,000 of Employee Coverage	Monthly Cost Per \$1,000 of Spouse Coverage
Under 30	\$0.050	\$0.050
30 – 34	\$0.060	\$0.060
35 – 39	\$0.084	\$0.084
40 – 44	\$0.100	\$0.100
45 – 49	\$0.150	\$0.150
50 – 54	\$0.230	\$0.230
55 – 59	\$0.430	\$0.430
60 – 64	\$0.660	\$0.660
65 – 69	\$1.270	\$1.270
70 +	\$2.060	\$2.060
Cost for your Child(ren)[†]	\$0.144	

[†] Covers all eligible children

*Note: rates are subject to the policy's right to change premium rates, and the employer's right to change employee contributions.

Accidental Death & Dismemberment Coverage Options

This valuable coverage benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, third degree burn, , or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Voluntary AD&D Coverage Amounts for You:

You also have the option to enroll for Voluntary AD&D insurance.

You can choose the Voluntary AD&D option that meets your needs:

- Increments of \$10,000 up to a lesser maximum of 10 times pay or \$500,000.

Voluntary AD&D Coverage Amounts for Spouse/Civil Union and Child(ren):

You can choose to cover your dependent spouse/civil union and child(ren) with AD&D coverage. Your dependents will be eligible for the following coverage:

Dependent Spouse and Child(ren):

- **Spouse/Civil Union** — 40% of your coverage amount
- **Child(ren)** — 10% of your coverage amount

Dependent Spouse/Civil Union only:

- 50% of your coverage amount

Dependent Child(ren) only:

- 15% of your coverage amount

* Child(ren)'s Eligibility: Dependent children ages from birth to 26, are eligible for coverage

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the "Full Amount" and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, third degree burn, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Monthly Cost for Accidental Death & Dismemberment (AD&D) Insurance

Voluntary Coverage	Monthly Cost Per \$1,000 of Coverage
Employee	\$0.029
Employee & Family	\$0.037

Standard Additional Benefits Include

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Seat Belt
- Child Care
- Education
- Spouse Education
- Hospitalization
- Air Bag

What Is Not Covered by AD&D?

AD&D insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained or from food poisoning; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or active participation in a riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self-preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Calculate Your Premium:

Use the table below to calculate your premium based on the amount of life insurance you will need.

Example: \$100,000 Supplemental Life Coverage

Steps:	Example:	Calculate for Yourself:
1. Enter the rate from the table (example age 36)	\$0.084	\$ _____
2. Enter the amount of insurance in thousands of dollars (Example: for \$100,000 of coverage enter \$100)	100	_____
3. Monthly premium (1) x (2)	\$8.40	\$ _____

Repeat the three easy steps above to determine the cost for each coverage selected.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and City of Springfield and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates, when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

ACCIDENT INSURANCE BENEFITS



With MetLife, you'll have a comprehensive plan which provides payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

Benefit Type ¹	MetLife Accident Insurance Pays YOU
Injuries	
Fractures ²	\$50 - \$3000
Dislocations ²	\$50 - \$3000
Second and Third Degree Burns	\$50 - \$5000
Skin Graft Benefit	50% of Burn Benefit
Concussions	\$200
Coma	\$5,000
Ruptured Disk with Surgical Repair Benefit	\$500
Cuts/Lacerations	\$25 - \$200
Torn/Ruptured/Severed Tendon/Ligament/Rotator Cuff Benefit	\$100 - \$750
Broken Tooth Benefit	\$25 - \$100
Eye Injuries	\$200
Medical Services and Treatment	
Ambulance	\$750 (air) or \$200 (ground)
Emergency Care	\$25 - \$50
Non-Emergency Care	\$25
Medical Testing Benefit	\$100
Physician Follow-Up	\$50
Transportation Benefit	\$200
Therapy Services (including physical therapy)	\$15
Pain Management Benefit for Epidural Anesthesia	\$50
Prosthetic Device Benefit- varies by type and number of devices	\$500 or \$1000
Medical Appliances	\$50 - \$500
Blood/Plasma/Platelets Benefit	\$300
Inpatient Surgery	\$100 - \$1000
Outpatient Ambulatory Surgery Benefit	\$150
Hospital³ Coverage (Accident)	
Admission	\$500 - \$1000 per accident
Confinement (non-ICU confinement paid for up to 31 days. ICU confinement paid for up to 31 days)	\$100 (non-ICU) - \$200 (ICU) a day
Inpatient Rehab (paid per accident)	\$100 a day, up to 15 days
Other Benefits	
Health Screening Benefit (Wellness) ⁴ benefit provided if the covered insured takes one of the covered screening/prevention tests	\$60 Payable 1x per calendar year per family member enrolled
Lodging ⁵ - Pays for lodging for companion up to 31 nights per calendar year	\$100 per night, up to 31 nights; up to \$3100 in total lodging benefits available per calendar year

ACCIDENT INSURANCE RATES (Click [here](#) for your Outline of Coverage)

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

Type	Monthly
Employee Only	\$5.09
Employee + Spouse	\$9.56
Employee + Children	\$11.05
Employee + Spouse/Children	\$13.60

HOSPITAL INDEMNITY INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.⁶

Benefit Type ⁷	Low Plan MetLife Hospital Indemnity Insurance Pays YOU	High Plan MetLife Hospital Indemnity Insurance Pays YOU
Hospital Coverage (Accident)		
Admission must occur within 180 days after the accident	\$500 per accident (non-ICU) \$1,000 per accident (ICU)	\$1,000 per accident (non-ICU) \$2,000 per accident (ICU)
Confinement must occur within 180 days after the accident	\$100 a day (non-ICU) for up to 31 days \$200 a day (ICU) for up to 31 days	\$200 a day (non-ICU) for up to 31 days \$400 a day (ICU) for up to 31 days
Inpatient Rehab stay must occur immediately following hospital confinement and occur within 365 days of accident	\$100 a day, up to 15 days per accident and 30 days per calendar year	\$200 a day, up to 15 days per accident and 30 days per calendar year
Hospital Coverage (Sickness)⁸		
Admission <i>Payable 1x per calendar year</i>	\$500 (non-ICU) \$1,000 (ICU)	\$1,000 (non-ICU) \$2,000 (ICU)
Confinement <i>Paid per sickness</i>	\$100 a day (non-ICU) for up to 31 days \$200 a day (ICU) for up to 31 days	\$200 a day (non-ICU) for up to 31 days \$400 a day (ICU) for up to 31 days
Other Benefits		
Health Screening (Wellness) ⁹ benefit provided if the covered insured takes one of the covered screening/prevention tests <i>Payable 1x per calendar year per family member enrolled</i>	\$60	\$60

HOSPITAL INDEMNITY INSURANCE RATES (Click [here](#) for your Outline of Coverage)

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

Coverage Options	Monthly Cost to You	
	Low Plan	High Plan
Employee	\$12.26	\$22.62
Employee & Spouse	\$24.07	\$44.43
Employee & Child(ren)	\$22.18	\$40.94
Employee & Spouse/Child(ren)	\$37.74	\$69.65

¹ Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

³ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

⁴ The Health Screening Benefit is not available in all states. For Texas sitused policies and Texas residents covered under policies sitused in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).

⁵ The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

⁶ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

⁷ Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

⁸ There is pre-existing condition exclusion for covered sicknesses. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

⁹ The Health Screening Benefit is not available in all states.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition limitation for hospital sickness benefits, if applicable. There are benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or GPNP13-HI or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

CRITICAL ILLNESS INSURANCE BENEFITS

Critical Illness Insurance Coverage Options		
Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000, \$20,000, \$30,000, \$40,000 or \$50,000	Coverage is guaranteed provided you are actively at work. ³
Spouse	50% of the employee's Initial Benefit	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. ³
Dependent Child(ren) ²	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. ³

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 200% of the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 200%.

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

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer ⁵	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer ⁵	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke ⁶	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft ⁷	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁸	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions (see plan summary for complete list)	25% of Initial Benefit	Not applicable

CRITICAL ILLNESS INSURANCE RATES (Click [here](#) for your Outline of Coverage)

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

Monthly Premium/\$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$0.17	\$0.30	\$0.32	\$0.45
25-29	\$0.19	\$0.32	\$0.33	\$0.47
30-34	\$0.26	\$0.42	\$0.41	\$0.57
35-39	\$0.38	\$0.59	\$0.53	\$0.74
40-44	\$0.58	\$0.87	\$0.73	\$1.02
45-49	\$0.90	\$1.31	\$1.05	\$1.46
50-54	\$1.36	\$1.93	\$1.51	\$2.08
55-59	\$1.97	\$2.74	\$2.12	\$2.89
60-64	\$2.88	\$3.96	\$3.03	\$4.11
65-69	\$4.41	\$5.98	\$4.55	\$6.13
70+	\$6.51	\$8.92	\$6.66	\$9.07

CANCER INSURANCE BENEFITS

Cancer Insurance		
Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000, \$20,000, \$30,000, \$40,000, or \$50,000	Coverage is guaranteed provided you are actively at work. ⁶
Spouse ¹	50% of the employee's Initial Benefit	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. ⁶
Dependent Child(ren) ⁵	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. ⁶

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment if you or a covered family member is diagnosed with a covered cancer⁷ or a recurrence of cancer,⁸ providing those covered meet the policy and certificate requirements. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached. This Cancer Insurance coverage provides a lump sum payment for:

- ✓ Full Benefit Cancer—All forms of advanced cancers are covered and may qualify for full benefits (as defined by the group policy or certificate).
- ✓ Partial Benefit Cancer—Most forms of early stage cancers are covered and may qualify for partial benefits (as defined by the group policy or certificate).

CANCER INSURANCE RATES (Click [here](#) for your Outline of Coverage)

Monthly Period for \$1,000 of Coverage* (Non-Tobacco)

*Monthly premium rates will be calculated as premium rates per \$1,000 from the rate table(s) below, multiplied by benefit amount divided by 1,000.

Issue Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$0.17	\$0.30	\$0.30	\$0.43
25–29	\$0.17	\$0.30	\$0.30	\$0.43
30–34	\$0.21	\$0.36	\$0.35	\$0.50
35–39	\$0.29	\$0.47	\$0.42	\$0.61
40–44	\$0.44	\$0.69	\$0.58	\$0.82
45–49	\$0.64	\$0.96	\$0.77	\$1.10
50–54	\$0.90	\$1.31	\$1.03	\$1.44
55–59	\$1.17	\$1.67	\$1.31	\$1.81
60–64	\$1.43	\$2.01	\$1.57	\$2.15
65–69	\$1.52	\$2.13	\$1.65	\$2.27
70+	\$1.52	\$2.13	\$1.66	\$2.27

Monthly Period for \$1,000 of Coverage* (Tobacco)

*Monthly premium rates will be calculated as premium rates per \$1,000 from the rate table(s) below, multiplied by benefit amount divided by 1,000.

Issue Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$0.26	\$0.45	\$0.40	\$0.59
25–29	\$0.26	\$0.45	\$0.40	\$0.59
30–34	\$0.35	\$0.58	\$0.49	\$0.71
35–39	\$0.49	\$0.79	\$0.62	\$0.92
40–44	\$0.78	\$1.20	\$0.92	\$1.34
45–49	\$1.17	\$1.73	\$1.30	\$1.87
50–54	\$1.67	\$2.41	\$1.80	\$2.54
55–59	\$2.21	\$3.12	\$2.34	\$3.26
60–64	\$2.73	\$3.80	\$2.86	\$3.94
65–69	\$2.93	\$4.08	\$3.07	\$4.22
70+	\$2.95	\$4.10	\$3.09	\$4.24

Calculate Your Critical Illness or Cancer Insurance Premium:

Use the table below to calculate your premium based on the option of Critical Illness or Cancer Insurance you plan to elect (Options: \$10,000, \$20,000, \$30,000, \$40,000, or \$50,000) **Example:** \$20,000 of EE Only Critical Illness Coverage

Steps:	Example:	Calculate for Yourself:
1. Enter the rate from the table (example age 36)	\$0.38	\$ _____
2. Enter the amount of insurance elected (Example: for \$20,000 of coverage enter \$20)	\$20.00	_____
3. Monthly premium (1) x (2)	\$7.60	\$ _____

Repeat the three easy steps above to determine the cost for each coverage selected.

² Dependent Child coverage varies by state. Please contact MetLife for more information.

³ 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. Additional restrictions apply to dependents serving in the armed forces or living overseas.

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 apply to dependents serving in the armed forces or living overseas.

⁵ Dependent Child coverage varies by state. Please contact MetLife for more information.

⁶ 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. Additional restrictions apply to dependents serving in the armed forces or living overseas.

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-sitused groups and NH residents, there is an initial benefit of \$100 for All Other Cancer.

⁸ 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 a Full Benefit Cancer, a Partial Benefit Cancer or an All Other Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer, Partial Benefit Cancer or All Other Cancer (applicable to NH-sitused groups and NH residents) for which we paid an Initial Benefit during the Benefit Suspension Period.

METLIFE'S 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. In most plans, there is a preexisting condition exclusion. In most states, after a covered condition occurs there is a benefit suspension period during which most plans do not pay recurrence benefits. 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 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 or GPNP09-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.

The MetLife Cancer Insurance plan is based on the MetLife Critical Illness Insurance (CII) policy. MetLife Cancer Insurance includes only the Covered Conditions of Full Benefit Cancer and Partial Benefit Cancer.

METLIFE'S 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. In most plans, there is a pre-existing condition exclusion. In most states, after a covered condition occurs there is a benefit suspension period during which benefits will not be paid for a recurrence. MetLife's CII is guaranteed renewable, and may be subject to benefit reductions that begin at age 65. Premium rates for MetLife's CII are based on age at the time of the initial coverage effective date and will not increase due to age; premium rates for increases in coverage, including the addition of dependents' coverage, if applicable, will be based on the covered person's age at the time of that increase's effective date. Rates are subject to change for MetLife's CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions 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 GPNP14-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In New York, availability of MetLife's Issue Age CII product is pending regulatory approval.

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.

Health Screening Benefit (HSB)



Annual physicals help reveal changes to your health in a timely manner, making any **necessary treatment** more likely to **succeed**.¹



At least **60%** of the annual colorectal cancer **deaths** in the U.S. could be **prevented** with recommended screenings.²



For women in their 40s and 50s, annual mammogram screenings **decrease** breast cancer **deaths** by **15 to 29%**.³

The MetLife Health Screening Benefit⁴ provides you coverage for taking care of your health.

Make the most of your coverage



How it works

Susan goes to the doctor for her annual physical. Afterwards, she contacts MetLife by calling the telephone number below or going online to submit her HSB claim. Susan will need to have available her physician's name and phone number, treatment dates and details. Susan receives her HSB payment within 10 days or less. It's that easy!

This payment is in addition to the lump-sum payment you receive if you experience a covered event or above and beyond the Total Benefit Amount.

Some of the covered screening/prevention measures are:

Annual physical exam

Pap smear or thin prep pap test

Carotid doppler

Colonoscopy, virtual colonoscopy

Human papillomavirus (HPV) vaccination

Endoscopy

Electrocardiogram (EKG)

Breast exams: mammogram, breast ultrasound & breast sonogram

Skin cancer screening

Stress test on bicycle or treadmill

Blood Test to determine total cholesterol

Filing a claim is easy!

- 1.
2. You will then see the 'Welcome to MyBenefits' page where you can register as a MyBenefits user or if you have already registered, enter your name and password.
3. Select "File a Claim Online" from the "I want to" dropdown.
4. Select "Wellness (Health Screening)".
5. Or call 800 GET MET8 (1 800-438-6388) to file your claim or obtain additional information.
6. Have your physician's name, address, phone number, and testing information details available.

Claims are generally processed within 10 business days



MetLife

www.metlife.com/mybenefits

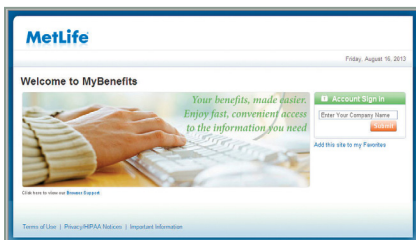
How to Register on MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information. MetLife is able to deliver services that empower you to manage your benefits. As a first time user, you will need to register on MyBenefits. To register, follow the steps outlined below.

Registration Process for MyBenefits

Provide Your Group Name

Access MyBenefits at www.metlife.com/mybenefits and enter your group name and click 'Submit.'



The Login Screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on 'Register Now' and perform the one-time registration process. Going forward, you will be able to log-in directly.

Step 1: Enter Personal Information

Enter your first and last name, identifying data and e-mail address.

Step 2: Create a User Name and Password

Then you will need to create a unique user name and password for future access to MyBenefits.

The User Name and Password requirements may vary by company setup. General setup includes a User Name between 8-20 characters, containing at least one letter and one number, and a password between 6-20 characters, containing at least one letter and one number.

Step 3: Security Verification Questions

Now, you will need to choose and answer three identity verification questions to be utilized in the event you forget your password.

Step 4: Terms of Use

Finally, you will be asked to read and agree to the website's Terms of Use.

Step 5: Process Complete

Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the email address you provided during registration.

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com