METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: Loyola Marymount University
Group Policy Form No: GPN07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT07-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE DISCLOSURE STATEMENT

THE GROUP POLICY IS ISSUED IN CALIFORNIA

Critical Illness Insurance coverage is provided under a group policy that has been issued to Loyola Marymount University. One certificate is issued to each employee who is covered under the group policy. The group policy is a **LIMITED POLICY.** An employee applying for coverage under the group policy is referred to herein as "you" or "your".

Notice to Buyer: The insurance described in this outline of coverage is critical illness insurance. Subject to the provisions of the group policy and the certificate, including limitations, exclusions and submission of proof of a covered condition, this certificate provides a limited benefit in the event you are diagnosed with certain specified diseases, or have certain surgical procedures performed. ***This certificate pays nothing for certain forms of cancer. See the definitions of Full Benefit Cancer and Partial Benefit Cancer, and the exclusions that apply to Full Benefit Cancer and Partial Benefit Cancer in the section titled "Exclusions Related to Covered Conditions".***

It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the group policy without consulting a legal advisor.

NOTICE REGARDING MEDICAL INSURANCE REQUIREMENT

This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance. You must have Medical Coverage, as defined in this Certificate, in place in order to enroll for this insurance.

IMPORTANT: YOU MUST HAVE MEDICAL COVERAGE, as defined in the Certificate, IN PLACE IN ORDER TO ENROLL FOR THIS COVERAGE.

SPECIAL NOTICE FOR PERSONS ELIGIBLE FOR OR RECEIVING GOVERNMENTAL BENEFITS

THE GROUP POLICIES AND CERTIFICATES ARE NOT MEDICARE SUPPLEMENT POLICIES. They do not provide any Medicare Supplement Coverage. It is also important to note that the receipt of these limited benefits may affect eligibility for Medicaid or other governmental benefits and entitlements (collectively, the "governmental benefits"). Accordingly, persons who wish to maintain eligibility for governmental benefits should not purchase this limited benefit coverage without consulting a legal advisor.

For residents of Maine or North Carolina: If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

IMPORTANT NOTE ABOUT STATE SPECIFIC PROVISIONS

This Disclosure Statement is for group policies issued in California. If You reside in a state other than California, Your state may have a special provision applicable to You.

Included as part of this Disclosure Statement is a "State Specific Provisions" Section. You should check that Section to see if Your state has a state provision applicable to Your coverage.

State Specific Provisions will take precedence over the California provision. As always, Your Group Policy and Certificate will control over this Disclosure Statement.

You can contact MetLife at 1 800 GET-MET 8 should You have any questions about this important coverage.

In this Disclosure Statement, "You" or "Your" refers to the employee(s) of a group policyholder and "Covered Person(s)" refers to employees and their dependents who are insured under the Group Policy(ies) for this coverage.

1. **READ YOUR CERTIFICATE CAREFULLY** – This Disclosure Statement provides a very brief description of the important features of the group insurance coverage provided by the group policy and certificate. This is not the insurance contract and only the actual provisions of the group policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

2. **CRITICAL ILLNESS INSURANCE COVERAGE**– Policies of this category are designed to provide a lump sum payment if the covered person is diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if You have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3. **MEDICAL COVERAGE REQUIRED –** This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance. You must have comprehensive medical coverage in place in order to enroll for this insurance.

4. **BENEFITS OF YOUR CERTIFICATE**
   Bone Marrow Transplant, Heart Attack, Heart Transplant, Kidney Failure, Major Organ Transplant, Stroke, Full Benefit Cancer, Partial Benefit Cancer, and Coronary Artery Bypass Graft (the "covered conditions") are the only diseases or surgeries for which a covered person may receive benefits under the certificate. Covered conditions are grouped into three categories, as shown in the table below. If a covered condition First Occurs for a covered person while he or she is insured under the

certificate proof of the covered condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for the covered condition, provided, however, that:

a) we will never pay more with respect to any covered person than the Category Benefit Amount for all of the covered conditions listed in any one category; and
b) we will never pay more with respect to any covered person than the Total Benefit Amount.

Category 1	**Category 2**	**Category 3**
Full Benefit Cancer Partial Benefit Cancer Bone Marrow Transplant	Heart Attack Stroke Coronary Artery Bypass Graft Heart Transplant	Kidney Failure Major Organ Transplant

Each time a covered condition for which the policy pays a benefit occurs, a benefit suspension period lasting 180 days starts. During the benefit suspension period, we will not pay a benefit for any covered condition that occurs if it is in a different category of covered conditions from the covered condition that started the benefit suspension period. If no benefit is paid for a covered condition because it first occurs during a benefit suspension period, we will treat the next occurrence (if any) of that covered condition after the benefit suspension period ends, as the first occurrence of that covered condition.

Either all or a portion of the Category Benefit Amount is payable, depending on the type of covered condition. If a portion of the Category Benefit Amount is paid for a covered person under the policy, the amount payable for any future claims for that person in that category will be reduced by the amount already paid.

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent covered condition.

100% of the Category Benefit Amount is payable for:
• Bone Marrow Transplant
• Heart Attack
• Heart Transplant
• Kidney Failure
• Major Organ Transplant
• Stroke
• Full Benefit Cancer

25% of the Category Benefit Amount is payable for:
• Partial Benefit Cancer
• Coronary Artery Bypass Graft

Benefit Increases
If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

Mammogram Benefit
If a covered person undergoes a Covered Mammogram while such covered person is insured under the group policy, proof of the Covered Mammogram must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay $150 for such Covered Mammogram.

DEFINITIONS

(Note: Your Policy and Certificate have additional definitions which apply. Your Policy and Certificate also contain certain Proof requirements applicable to a particular Covered Condition. Read Your Certificate for these additional definitions and the Proof requirements.)

Benefit Increase means a simultaneous increase in both the Category Benefit Amount and Total Benefit Amount.

Benefit Suspension Period means the 180 day period following the date a covered condition, for which the certificate pays a benefit, occurs with respect to a covered person.

Bone Marrow Transplant means the irreversible failure of a covered person's bone marrow for which a physician has determined that the replacement of such covered person's bone marrow with bone marrow from the covered person, or another human donor is medically necessary.

Category Benefit Amount means the maximum aggregate amount, as shown in the certificate, that We will pay for all covered conditions combined in any category of covered conditions, per covered person, per lifetime, as provided under the certificate. There are three categories of covered conditions and they are shown in the Benefits of Your Certificate section of this Outline of Coverage. There is only one Category Benefit Amount in effect at any time for each covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Covered Mammogram means each of the following when provided to a female covered person upon the referral of a physician, nurse practitioner or certified nurse midwife who is: (a) providing care to such female covered person; and (2) acting within the scope of a valid license with respect to the provision of such care:

- one baseline mammogram for such female covered person age 35 to 39 inclusive;
- one mammogram every two years for such female covered person age 40 to 49 inclusive, provided, however, that upon the recommendation of the female covered person's physician, one mammogram per year;
- one mammogram per year for such female covered person age 50 and over.

Dependent means the following as defined in the certificate(s): Your spouse, domestic partner*, and/or dependent child.

* Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state and by employer. Please contact MetLife for more information.

First Occurs or First Occurrence means, with respect to each Covered Condition, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue or the presence of one or more malignant tumors where there is metastasis.
Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Heart Transplant means the irreversible failure of a covered person's heart for which a physician has determined that the complete replacement of such organ with an entire heart from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
- a kidney transplant.

Major Organ Transplant means:
- the irreversible failure of a covered person's lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed; or
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the group policy.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:
- carcinoma in situ which is a tumor that fulfills all pathologic criteria for malignancy except that it has not invaded the supporting structure of the organ on which it arose (for example, some cancers of the breast are carcinoma in situ), provided that the carcinoma in situ is classified as TisN0M0 and that Surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a Physician who practices in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:
- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Total Benefit Amount means the maximum aggregate amount, as specified in the certificate, that we will pay for any and all covered conditions combined, per covered person, per lifetime, as provided under the certificate or any certificate it replaces.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

EXCLUSIONS RELATED TO COVERED CONDITIONS

We will not pay benefits for a Bone Marrow Transplant involving bone marrow received from nonhuman donors.

We will not pay benefits for Coronary Artery Bypass Graft:
- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a diagnosis of Full Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
  any non-melanoma skin cancer unless there is metastasis;
- any malignant tumor classified as less than T1N0M0 under TNM Staging; or
  any condition that is Partial Benefit Cancer.

We will not pay benefits for a Heart Transplant:
- performed outside the United States, unless the covered person was placed on the Transplant List prior to the Heart Transplant being performed;
- involving a heart received from non-human donors;
- involving implantation of mechanical devices or mechanical organs; or
- involving stem cell generated transplants.

We will not pay benefits for a Major Organ Transplant:
- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants;
- involving islet cell transplants; or
- involving a heart being transplanted in combination with any other organ.

We will not pay benefits for a diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a diagnosis of Stroke for:
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

OTHER EXCLUSIONS

General Exclusions:

We will not pay benefits for covered conditions caused or contributed to by a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the certificate.

Exclusion for Intoxication:

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Pre-Existing Condition Exclusion:

A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical treatment or care was recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid:

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent covered condition.

Waiting Period:
On the date a covered person's insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person experiences a covered condition during the waiting period.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person experiences a covered condition during the waiting period.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, 30 days for all other covered conditions.

DEPENDENT INSURANCE

When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. Once you have Dependent Insurance for at least one Dependent Child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate of Insurance.

WHEN INSURANCE ENDS

Date Your Insurance Ends:
The Earliest Of:
Your insurance under a Certificate will end on the earliest of:

- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason.

Date Dependent Insurance Ends:

The Earliest Of:
A Dependent's insurance will end on the earliest of:

- the date your insurance under the certificate ends;
- the date Dependent Insurance ends under the group policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount has been paid for that Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases insurance may be continued as stated in the section of the certificate titled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. Please see that section for details.

PREMIUMS

Premium Rates Change Based On Age. Premium Rates for you and your Dependents are also subject to change at other times as stated in each of the group policies.

STATE SPECIFIC PROVISIONS SECTION

This State Specific Provisions Section shall supersede the California provisions. Any California provision not specifically superseded remains in full force and effect. These State Specific Provisions apply if You are a resident of one of the following states:

Arkansas, Delaware, Idaho, Illinois, Louisiana, Maryland, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming

Note: Certain of these states have State Specific Provisions which are unique to that state. Those provisions are provided following these general State Specific Provisions and will supersede both the California provisions and these State Specific Provisions unless noted otherwise.

STATE SPECIFIC PROVISIONS

MEDICAL COVERAGE REQUIRED – The Policies do NOT provide any type of medical coverage and are not a substitute for medical coverage or disability insurance. You MUST have medical insurance in place to apply for coverage under one or more of the Group Policies.

BENEFITS

BENEFITS OF YOUR CERTIFICATE

Bone Marrow Transplant, Heart Attack, Heart Transplant, Kidney Failure, Major Organ Transplant, Stroke, Full Benefit Cancer, Partial Benefit Cancer, and Coronary Artery Bypass Graft (the "covered conditions") are the only diseases or surgeries for which a covered person may receive benefits under the certificate. Covered conditions are grouped into three categories, as shown in the table below. If a covered condition First Occurs for a covered person while he or she is insured under the certificate proof of the covered condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for the covered condition, provided, however, that:

c) we will never pay more with respect to any covered person than the Category Benefit Amount for all of the covered conditions listed in any one category; and
d) we will never pay more with respect to any covered person than the Total Benefit Amount.

Category 1	**Category 2**	**Category 3**
Full Benefit Cancer Partial Benefit Cancer Bone Marrow Transplant	Heart Attack Stroke Coronary Artery Bypass Graft Heart Transplant	Kidney Failure Major Organ Transplant

Each time a covered condition for which the policy pays a benefit occurs, a benefit suspension period lasting 180 days starts. During the benefit suspension period, we will not pay a benefit for any covered condition that occurs if it is in a different category of covered conditions from the covered condition that started the benefit suspension period. If no benefit is paid for a covered condition because it first occurs during a benefit suspension period, we will treat the next occurrence (if any) of that covered condition after the benefit suspension period ends, as the first occurrence of that covered condition.

Either all or a portion of the Category Benefit Amount is payable, depending on the type of covered condition. If a portion of the Category Benefit Amount is paid for a covered person under the policy, the amount payable for any future claims for that person in that category will be reduced by the amount already paid.

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent covered condition.

100% of the Category Benefit Amount is payable for:
• Bone Marrow Transplant
• Heart Attack
• Heart Transplant
• Kidney Failure
• Major Organ Transplant
• Stroke
• Full Benefit Cancer

25% of the Category Benefit Amount is payable for:
• Partial Benefit Cancer
• Coronary Artery Bypass Graft

Benefit Increases
If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

There is no mammogram benefit.

DEFINITIONS

(Note: Your Policy and Certificate have additional definitions which apply. Your Policy and Certificate also contain certain Proof requirements applicable to a particular Covered Condition. Read Your Certificate for these additional definitions and the Proof requirements.)

Bone Marrow Transplant means the irreversible failure of a covered person's bone marrow for which a physician, who is board certified in hematology or oncology, has determined that the replacement of such covered person's bone marrow with bone marrow from the covered person, or another human donor is medically necessary.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
- a kidney transplant.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

EXCLUSIONS RELATED TO COVERED CONDITIONS

We will not pay benefits for a diagnosis of <u>Full Benefit Cancer</u> for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer unless there is metastasis;
- any malignant tumor classified as less than T1N0M0 under TNM Staging; or
- any condition that is Partial Benefit Cancer.

We will not pay benefits for a diagnosis of <u>Partial Benefit Cancer</u> for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;

- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

OTHER EXCLUSIONS

Pre-Existing Condition Exclusion

A preexisting condition is a sickness or injury for which, in the **12** months before a covered person becomes insured under a Certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a Covered Condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

LIMITATIONS

Waiting Period

On the date a covered person's insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person:

- experiences a covered condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person:

- experiences a covered condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void

under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, 30 days for all other covered conditions.

DEPENDENT INSURANCE

When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. Children will not be covered until they are at least 15 days old. Once you have Dependent Insurance for at least one Dependent Child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate of Insurance.

WHEN INSURANCE ENDS

Date Your Insurance Ends:
The Earliest Of:
Your insurance will end on the earliest of:

- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason.

Date Dependent Insurance Ends:
THE EARLIEST OF:
A Dependent's insurance will end on the earliest of:

- the date your insurance under the certificate ends;
- the date Dependent Insurance ends under the group policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount has been paid for that Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases insurance may be continued as stated in the section of the certificate titled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. Please see that section for details.

These states have provisions which apply to residents of these states notwithstanding where the policy is issued. These provisions, except as noted, supersede both California and the State Specific Provisions.

CONNECTICUT This coverage is called "Specified Disease Insurance" instead of "Critical Illness Insurance."

Benefit Suspension Period: Benefit Suspension Period does not apply.
. Should more than one covered condition occur on the same calendar day, we will pay a benefit for only one of the covered conditions which occurred. The benefit we

will pay will be the highest amount that we would have paid for any one of the covered conditions that Occurred.

General Exclusions:
We will not pay benefits for covered conditions caused or contributed to by a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for any covered conditions caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the covered person's physician.

Preexisting Condition Exclusion. A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts. We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition first occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

Waiting Period. On the date a covered person's insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person:
- experiences a covered condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person:
- experiences a covered condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void

under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

The length of the waiting period is 30 days for all covered conditions.

DELAWARE:

Dependent Definition: Dependent means the following as defined in the certificate(s): Your spouse, domestic partner, civil union partner and/or dependent child.

Pre-Existing Condition Exclusion: A preexisting condition is a sickness or injury for which, in the **12** months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months after such increase in the Total Benefit Amount.

IDAHO:

Intoxication Exclusion: Does not apply to Idaho.

Pre-Existing Condition Exclusion: Preexisting condition is a sickness or injury for which, in the **6** months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a Covered Condition that is caused by or results from a Preexisting Condition if the Covered Condition occurs during the first **12** months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

Waiting Period: **30** days for each covered person for each Certificate for all Covered Conditions. All other Waiting Period provisions apply.

Dependent Insurance – Dependent Child: There is no 15 day minimum age limit for dependent children.

ILLINOIS:

General Exclusions and Intoxication Exclusion: The words “contributed to by” do not appear in the General Exclusions and the Intoxication Exclusion. .

Dependent Definition: Dependent means the following as defined in the certificate(s): Your spouse, domestic partner, civil union partner and/or dependent child.

First Occurs Definition: The term "Occurs" is used instead of the term "First Occurs."

MARYLAND: **Definitions & Exclusions Related to Covered Conditions:** Delete the words "Board Certified" wherever used.

General Exclusions:

We will not pay benefits for covered conditions caused or contributed to by a covered person:

- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits for any covered condition that does not occur for a covered person while the covered person is insured under the certificate.

Intoxication Exclusion: There is no intoxication exclusion.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury not revealed in the enrollment form for which, in the **6** months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or, recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months after such increase in the Total Benefit Amount.

Waiting Period: 30 days for each covered person per Certificate for all Covered Conditions. All other Waiting Period Limitation provisions apply.

HEALTH COVERAGE OPTIONS FOR CHILDREN TURNING AGE 18

This Notice provides you with information about how a child may remain covered under your health coverage after the child reaches age 18. Your child may remain

covered under your current policy as a dependent beyond age 18, under the following rules:

Options to Remain Covered Under Parent's Coverage:

Your child may remain covered under your current policy as a dependent beyond age 18 if he or she is:

Your biological, adopted or stepchild between ages 18 and 25 and who is:
- unmarried;
- supported by You;
- not employed on a full-time basis; and
- a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

Your child may not remain covered under your current policy as a dependent beyond age 18 if he or she:

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country;
- lives outside of the United States for more than 12 consecutive months; or
- is insured under the Group Policy as an employee.

Incapacitated Child Coverage—If your child, at the time of reaching the limiting age in the policy, is incapable of self-support due to a mental or physical incapacity, the child may remain covered under your policy or contract as long as the child remains:
- Unmarried;
- Chiefly dependent on you for support; and
- Incapable of self-support due to the mental or physical incapacity; and
- If the child is your grandchild or an individual for whom guardianship is granted by court or testamentary appointment, in your custody.

Information Available from the Maryland Insurance Administration—The Maryland Insurance Administration has information available regarding health coverage that you might find helpful. The information includes a Consumer Guide for Health Insurance, as well as a list of all the carriers who sell individual health insurance or individual HMO coverage in Maryland, including contact information. The Maryland Insurance Administration's website is www.mdinsurance.state.md.us. Their telephone number is 1-800-492-6116.

MINNESOTA: **Dependent Insurance:** Dependent means Your Spouse, Dependent Child and/or Disabled Dependent.

There is no 15 day minimum age limit for dependent children.

General Exclusions:

We will not pay benefits for covered conditions caused or contributed to by a covered person:
- participating in a felony, riot or insurrection;
- voluntarily taking or using any narcotic unless it is taken or used as prescribed by a physician;
- engaging in an illegal occupation;

- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the certificate.

Intoxication Exclusion: There is no intoxication exclusion.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

Waiting Period: On the date your insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. If you experience a covered condition during such waiting period, your insurance will end on the date you experience the covered condition. The benefit we pay for a covered condition experienced by you during such waiting period will be limited to 25% of the amount that would be payable in the absence of this waiting period provision. We will also return any amount of premium paid to us for insurance under the certificate attributable to any period of time after the date of the covered condition.

On the date your spouse's insurance under this certificate becomes effective, a waiting period starts with respect to such insurance. If your spouse experiences a covered condition during such waiting period, insurance for your spouse under this certificate will end on the date your spouse experiences the covered condition. The benefit we pay for a covered condition experienced by your spouse during such waiting period will be limited to 25% of the amount that would be payable in the absence of this Waiting Period provision. We will also return any amount of premium paid to us with respect to your spouse for insurance under this certificate attributable to any period of time after the date of the covered condition.

On the date your dependent child's or disabled dependent's insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. If your dependent child or disabled dependent experiences a covered condition during such waiting period, insurance for such dependent child or disabled dependent under the certificate will end on the date such dependent child or disabled dependent experiences the covered condition. The benefit we pay for

the covered condition will be limited to 25% of the amount that would be payable in the absence of this Waiting Period provision. If coverage ends under this Waiting Period provision for any dependent child or disabled dependent and there are no other dependent children or disabled dependents covered under the certificate, we will return any amount of premium paid to us for insurance under the certificate with respect to Your dependent child or disabled dependent attributable to any period of time after the date of the covered condition.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. If a covered person experiences a covered condition during the waiting period, the amount of the Benefit Increase payable to such covered condition will be limited to 25% of the amount of such Benefit Increase that would be payable in the absence o this Waiting Period provision, and the Benefit Increase will end with respect to such covered person.
The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, 30 days for all other covered conditions.

Date Your Insurance Ends:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the date the Total Benefit Amount has been paid for You;
- the date You experience a Covered Condition, and as a result Your insurance ends pursuant to the Waiting Period provision;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends

Date Dependent Insurance Ends:

A Dependent's insurance will end on the earliest of:
- the date Your insurance under this Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for Your class;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount has been paid for that Dependent;
- the date You cease to be in a class that is eligible for Dependent Insurance;
- the date the Dependent experiences a Covered Condition, and as a result such Dependent's insurance ends pursuant to the Waiting Period provision; or
- the end of the period for which the last full premium has been paid for the Dependent

MONTANA: The certificate does not provide coverage for mental illness or chemical dependency.

Intoxication Exclusion: We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is voluntarily intoxicated at the time of the incident and is the operator of a vehicle involved in the incident. Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Pre-Existing Condition Exclusion. A preexisting condition is a sickness or injury for which, in the **6** months before a covered person becomes insured under a

certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months after such increase in the Total Benefit Amount.

Waiting Period Limitation: On the date Your insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will end if You experience a Covered Condition during such waiting period. The benefit We pay for a Covered Condition experienced by You during such waiting period will be limited to an amount equal to: (a) 110% of premium earned for all insurance provided under this Certificate from the date such insurance takes effect to the date of the Covered Condition, less (b) any amount of premium owed to Us. We will also return any amount of premium paid to Us for insurance under this Certificate attributable to any period of time after the date of the Covered Condition.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a Covered Person if the Covered Person experiences a Covered Condition during the waiting period. Contributions You have paid for the Benefit Increase that is voided under this section will be returned to You without interest.

Dependent Insurance – Dependent Child: There is no 15 day minimum age limit for dependent children.

Premium Rates Change Based On Age: The applicable Premium for you is shown in the rate sheet.

NEW HAMPSHIRE: **SEE ATTACHED SPECIAL NH DISCLOSURE STATEMENT**

NEW MEXICO: **Dependent Insurance – Dependent Child:** There is no 15 day minimum age limit for dependent children.

Date Dependent Insurance Ends: The Earliest Of: Add the following to the lest of provisions under the heading "*When Insurance Ends - Date Dependent Insurance Ends"*: "with respect to a Dependent child who is insured under the Group Policy pursuant to an administrative or court order, the date such order is no longer in effect."

NORTH CAROLINA: This coverage is called "Cancer and Specified Diseases Insurance" instead of "Critical Illness Insurance."

Definitions & Exclusions Related to Covered Conditions: Delete the words "Board Certified" wherever used.

Waiting Period: The California Waiting Period Limitation applies except that the Waiting Period is **30** days for each Covered Person per Certificate for all Covered Conditions.

Pre-Existing Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

Dependent Insurance:
When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn child, or for your adopted or foster child if such adopted or foster child is placed with you while insurance is in effect for you under the certificate. Once you have Dependent Insurance for at least one Dependent Child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate of Insurance.

NORTH DAKOTA:

Exclusions Related to Covered Conditions—Full Benefit and Partial Benefit Cancer Exclusions: Delete the words "any tumor in the presence of human immuno-deficiency virus" from the State-Specific Exclusions for Full Benefit Cancer and Partial Benefit Cancer.

Waiting Period: The California Waiting Period Limitation applies except that the Waiting Period is **30** days for each Covered Person per Certificate for all Covered Conditions.

Pre-existing Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the **12** months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months after such increase in the Total Benefit Amount.

OKLAHOMA:

Definitions & Exclusions Related to Covered Conditions: Delete the words "Board Certified" wherever used

General Exclusions: The exclusion regarding Covered Conditions arising out of war or any act of war does not apply.

RHODE ISLAND:

Dependent Definition: Dependent means the following as defined in the certificate(s): Your spouse, domestic partner, civil union partner and/or dependent child.

Pre-Existing Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the **12** months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months after such increase in the Total Benefit Amount.

Dependent Insurance – Dependent Child: There is no 15 day minimum age limit for dependent children.

SOUTH DAKOTA:

General Exclusions: We will not pay benefits for Covered Conditions caused or contributed to by a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered

Intoxication Exclusion: Does not apply to South Dakota residents.

Pre-Existing Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the **6** months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months after such increase in the Total Benefit Amount.

Waiting Period:
On the date Your insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will end if You experience a Covered Condition during such waiting period. The benefit We pay for a Covered Condition experienced by You during such waiting period will be limited to an amount equal to: (a) 110% of premium earned for all insurance provided under this Certificate from the date such insurance takes effect to the date of the Covered Condition, less (b) any amount of premium owed to Us. We will also return any amount of premium paid to Us for insurance under this Certificate attributable to any period of time after the date of the Covered Condition.

On the date Your Spouse or Domestic Partner's insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will end if Your Spouse or Domestic Partner experiences a Covered Condition during such waiting period. The benefit We pay for a Covered Condition experienced by Your Spouse or Domestic Partner during such waiting period will be limited to an amount equal to: (a) 110% of premium earned for all insurance provided under this Certificate with respect to Your Spouse or Domestic Partner from the date such insurance takes effect to the date of the Covered Condition, less (b) any amount of premium owed to Us. We will also return any amount of premium paid to Us with respect to Your Spouse or Domestic Partner for insurance under this Certificate attributable to any period of time after the date of the Covered Condition.

On the date Your Dependent Child's insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. If Your Dependent Child experiences a Covered Condition during such waiting period, the insurance for such Dependent Child will end under this Certificate, and the benefit We pay for the Covered Condition will be limited to an amount equal to: (a) 110% of premium earned for all insurance provided under this Certificate with respect to Dependent Children from the date such insurance takes effect to the date of the Covered Condition, less (b) any amount of premium owed to Us. If the Dependent Child who experienced the Covered Condition was the only Dependent Child covered under this Certificate, We will also return any amount of premium paid to Us for insurance under this Certificate with respect to Your Dependent Child attributable to any period of time after the date of the Covered Condition.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a Covered Person if the Covered Person experiences a Covered Condition during the waiting period. Contributions You have paid for the Benefit Increase that is voided under this section will be returned to You without interest, except if Your

Dependent Child is the Covered Person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, Contributions paid for that insurance will be returned to You only if there is no insurance remaining in effect for any Dependent Child under this Certificate. If You are the Covered Person whose insurance is void under this provision, and as a result You no longer have any insurance in effect under the Group Policy, insurance for Your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, 30 days for all other covered conditions.

Dependent Insurance--Newborns: Newborns are covered for 31 days from birth. All other newborn provisions apply.

TEXAS:

THE GROUP POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

Definitions & Exclusions Related to Covered Conditions: Delete the words "Board Certified" wherever used.

Pre-Existing Condition Exclusion: A preexisting condition is a sickness or injury for which, in the **12** months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person becomes effective medical advice, treatment or care was sought by such covered person, or, recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months after such increase in the Total Benefit Amount.

Waiting Period:
On the date your insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. If you experience a covered condition during such waiting period, your insurance will end on the date you experience the covered condition. The benefit we pay for a covered condition experienced by you during such waiting period will be limited to 10% of the amount that would be payable in the absence of this waiting period provision. We will also return any

amount of premium paid to us for insurance under the certificate attributable to any period of time after the date of the covered condition.

On the date your spouse or domestic partner's insurance under this certificate becomes effective, a waiting period starts with respect to such insurance. If your spouse or domestic partner experiences a covered condition during such waiting period, insurance for your spouse or domestic partner under this certificate will end on the date your spouse or domestic partner experiences the covered condition. The benefit we pay for a covered condition experienced by your spouse or domestic partner during such waiting period will be limited to 10% of the amount that would be payable in the absence of this waiting period provision. We will also return any amount of premium paid to us with respect to your spouse or domestic partner for insurance under this certificate attributable to any period of time after the date of the covered condition.

On the date your Dependent Child's insurance under this certificate becomes effective, a waiting period starts with respect to such insurance. If your Dependent Child experiences a covered condition during such waiting period, insurance for such Dependent Child under the certificate will end on the date such Dependent Child experiences the covered condition. The benefit we pay for the covered condition will be limited to 10% of the amount that would be payable in the absence of this waiting period provision. If the Dependent Child who experienced the covered condition was the only Dependent Child covered under the certificate, we will also return any amount of premium paid to us for insurance under the certificate with respect to your Dependent Child attributable to any period of time after the date of the covered condition.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. If a covered person experiences a covered condition during the waiting period, the amount of the Benefit Increase payable to such covered condition will be limited to 10% of the amount of such Benefit Increase that would be payable in the absence of this waiting period provision, and such Benefit Increase will end with respect to such covered person.

Dependent Insurance – Dependent Child: There is no 15 day minimum age limit for dependent children.

UTAH:

Dependent Insurance – Dependent Child: There is no 15 day minimum age limit or dependent children.

Preexisting Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 6 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such
covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

VERMONT: This coverage is called "Limited Benefit Insurance" instead of "Critical Illness Insurance."

Dependent means the following as defined in the certificate(s): Your spouse, civil union partner, domestic partner, civil union child and/or dependent child.

Intoxication Exclusion: Does not apply to Vermont.

General Exclusions:

- Exclusion for voluntarily taking or using any drug, medication or sedative does not apply in Vermont.

Waiting Period: The Waiting Period applicable to each Certificate is:

- 30 days for all Covered Conditions.

WASHINGTON: **SEE ATTACHED SPECIAL WA DISCLOSURE DOCUMENT**

WEST VIRGINIA: The coverage is called "Specified Disease Insurance" instead of "Critical Illness Insurance."

Waiting Period: The State Specific Provision for Waiting Periods applies except that the Waiting Period is **30** days for all Covered Conditions.

Pre-Existing Condition Exclusion: A preexisting condition is a sickness or injury for which, in the **12** months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months after such increase in the Total Benefit Amount.

WISCONSIN: **General Exclusions:**

We will not pay benefits for covered conditions caused or contributed to by a covered person:

- participating in a felony for which such covered person was convicted;
- participating in a riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an "over the counter" drug, medication or sedative taken according to package directions;

- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the certificate.

Exclusions Relating to Covered Conditions--Full Benefit and Partial Benefit Cancer Exclusions: Delete the words "any tumor in the presence of human immuno-deficiency virus" and replace with the words "any Kaposi's Sarcoma."

Date Your Insurance Ends:

Your insurance will end on the earliest of:
- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the last day of the 31 day grace period following the date the last full premium was paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason.

Date Your Dependent Insurance Ends:

A Dependent's insurance will end on the earliest of:
- the date your insurance under the certificate ends;
- the date Dependent Insurance ends under the group policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount has been paid for that Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance; or
- the end of the last date of the 31 day grace period following the date the last full premium was paid for the Dependent.

WYOMING:

Pre-Existing Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the **6** months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **12** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting

condition if the covered condition occurs during the first **12** months after such increase in the Total Benefit Amount.

NEW HAMPSHIRE

This Critical Illness coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

CRITICAL ILLNESS INSURANCE COVERAGE – Policies of this category are designed to provide to persons insured, restricted coverage payment benefits ONLY when certain losses occur as a result of critical illnesses. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expense. Policies of this category are designed to provide a lump sum payment if the covered person is diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if You have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

DEFINITIONS

Dependent means the following as defined in the certificate(s): Your spouse, civil union partner, domestic partner, civil union child and/or dependent child.

Stroke: Whenever 'stroke' is used in the Disclosure Statement, substitute "severe stroke."

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classifications and other qualifications specified below:

- carcinoma in situ classified as Stage 0 and as TisN0M0 (cancer cells that still lie in the tissue of the site of origin and have not spread to neighboring tissue), provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified Stage 1 and as T1-4N0-3M0-1 provided that such tumors are treated by endoscopic procedures alone. (In other words;
  • the primary tumor is assigned a "T1", "T2", "T3" or "T4";
  • the extent of spread to lymph nodes is assigned as "N0", "N1", "N2" or "N3"; and
  • the absence or presence of distant metastasis is assigned an "M0" or M1";
  provided that such tumors are treated by endoscopic procedures alone);
- malignant melanomas classified as Stage 1 and T1N0M0 (localized melanoma that has not spread to the lymph nodes and where there is no distant metastasis), for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness;
- tumors of the prostate classified as Stage II and T1bN0M0 (cancer that cannot be detected by digital rectal examination or seen by imaging, which is incidentally found when prostate tissue is removed for reasons other than cancer, which occupies more than 5% of the tissue removed, that has not spread to the lymph nodes and where there is no distant metastasis), provided that they are treated with a radical prostatectomy or external beam radiotherapy; and
- tumors of the prostate classified as Stage II and T1cN0M0, (cancer that cannot be detected by digital rectal examination or seen by imaging, which is identified by needle biopsy, often because of elevated PSA levels, that has not spread to the lymph nodes and where there is no distant metastasis), provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Severe Stroke means a cerebrovascular accident or incident producing measurable and functional neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or

- embolus from an extracranial source.

EXCLUSIONS RELATED TO COVERED CONDITIONS

We will not pay benefits for a diagnosis of Full Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified under TNM Staging as Stage 0a as TaN0M0 (a tumor of the bladder that has not spread to the lymph nodes and where there is no distant metastasis);
- any tumor of the prostate classified under TNM Staging as T1N0M0 (cannot be detected by digital rectal examination or seen by imaging, which has not spread to the lymph nodes and where there is no distant metastasis);
- any papillary tumor of the thyroid that is classified under TNM Staging as Stage I and as T1N0M0 or less (a tumor that is confined to the thyroid gland, which has not spread to the lymph nodes and where there is no distant metastasis) provided that such tumor is one centimeter or less in diameter (unless there is metastasis);
  any tumor in the presence of human immuno-deficiency virus;
  any non-melanoma skin cancer (unless there is metastasis);
- any malignant tumor classified under TNM Staging as Stage 0, Stage I or Stage II and as less than T1N0M0; or
  any condition that is Partial Benefit Cancer.

We will not pay benefits for a diagnosis of Partial Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified under TNM Staging as Stage 0a and as TaN0M0 (a tumor that has not spread to the lymph nodes and where there is no distant metastasis);
- any tumor of the prostate classified under TNM Staging as Stage I or Stage II and as T1aN0M0 (cancer that cannot be detected by digital rectal examination or seen by imaging, which is incidentally found when prostate tissue is removed for reasons other than cancer, that is limited to 5% or less of the prostate tissue removed, that has not spread to the lymph nodes and where there is no distant metastasis);
- any papillary tumor of the thyroid that is classified under TNM Staging as Stage I and as T1N0M0 or less (a tumor that is confined to the thyroid gland, which has not spread to the lymph nodes and where there is no distant metastasis) provided that the tumor is one centimeter or less in diameter;
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer; or
- any melanoma in situ classified under TNM Staging as Stage 0 and as TisN0M0 (cancer cells that still lie in the tissue of the site of origin and have not spread to neighboring tissue).

Waiting Period: 30 days for all Covered Conditions for each covered person for each Certificate. All other provisions of the Waiting Period Limitation apply.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Civil Union Child or Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Civil Union Child or Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Civil Union Child or Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

Pre-Existing Condition Exclusion: A preexisting condition is a sickness or injury for which, in the **6** months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such
covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **6** months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first **6** months after such increase in the Total Benefit Amount.

Dependent Insurance:
When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. Children will not be covered until they are at least 15 days old. Once you have Dependent Insurance for at least one Civic Union Child or Dependent Child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate of Insurance.

Date Dependent Insurance Ends: The Earliest Of: Add the following to the list of provisions under the heading "When Insurance Ends - Date Dependent Insurance Ends": "with respect to Your Civil Union Partner or Civil Union Child, the date the Civil Union terminates".

WASHINGTON

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

This disclosure provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Metropolitan Life Insurance Company ("MetLife").

This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage you may have.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

The benefits under this policy are summarized below:

- **Type of Coverage: Critical Illness Insurance Coverage.** Policies of this category are designed to provide a fixed payment if the covered person is diagnosed with certain specified diseases or has certain surgeries performed for the first time after the coverage effective date. Bone Marrow Transplant, Heart Attack, Heart Transplant, Kidney Failure, Major Organ Transplant, Stroke, Full Benefit Cancer, Partial Benefit Cancer, and Coronary Artery Bypass Graft (the "covered conditions") are the only diseases or surgeries for which a covered person may receive benefits under the certificate.

- **Benefit Amount:**
  Covered conditions are grouped into three categories, as shown in the table below.

Category 1	Category 2	Category 3
Full Benefit Cancer Partial Benefit Cancer Bone Marrow Transplant	Heart Attack Stroke Coronary Artery Bypass Graft Heart Transplant	Kidney Failure Major Organ Transplant

100% of the Category Benefit Amount is payable for:

- Bone Marrow Transplant
- Heart Attack
- Heart Transplant
- Kidney Failure
- Major Organ Transplant
- Stroke
- Full Benefit Cancer

25% of the Category Benefit Amount is payable for:

- Partial Benefit Cancer
- Coronary Artery Bypass Graft

The Category Benefit Amount will be ___________________________.
(amount chosen by you)

The Total Benefit Amount will be an amount equal to three times the Category Benefit Amount.

- **Benefit Trigger:**
If a covered condition First Occurs for a covered person while he or she is insured under the certificate, proof of the covered condition must be sent to us. When we receive such proof, we will review the claim and, if we approve it, will pay the benefit described above for the covered condition, provided, however, that:

e) we will never pay more with respect to any covered person than the Category Benefit Amount for all of the covered conditions listed in any one category; and
f) we will never pay more with respect to any covered person than the Total Benefit Amount.

Either all or a portion of the Category Benefit Amount is payable, depending on the type of covered condition. If a portion of the Category Benefit Amount is paid for a covered person under the policy, the amount payable for any future claims for that person in that category will be reduced by the amount already paid.

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent covered condition.

Waiting Period: On the date a covered person's insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person:

- experiences a covered condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person:

- experiences a covered condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, and 30 days for all other covered conditions.

Benefit Suspension Period: Each time a covered condition for which the policy pays a benefit occurs, a benefit suspension period lasting 180 days starts. During the benefit suspension period, we will not pay a benefit for any covered condition that occurs if it is in a different category of covered conditions from the covered condition that started the benefit suspension period. If no benefit is paid for a covered condition because it first occurs during a benefit suspension period, we will treat the next occurrence (if any) of that covered condition after the benefit suspension period ends, as the first occurrence of that covered condition.

- **Duration of Coverage**

Your insurance will end on the earliest of:

- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason other than your retirement.

A Dependent's insurance will end on the earliest of:
- the date your insurance under the certificate ends;
- the date Dependent Insurance ends under the group policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount has been paid for that Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance;
- the date you retire in accordance with the group policyholder's retirement plan; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases insurance may be continued as stated in the section of the certificate titled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

- **Renewability:**
  The group policy will continue in force until it is canceled by either the group policyholder or MetLife.

Policy provisions that exclude, eliminate, restrict, limit, delay, or in any other manner operate to qualify payment of the benefits described above include the following:

1) DEFINITIONS

Benefit Increase means a simultaneous increase in both the Category Benefit Amount and Total Benefit Amount.

Benefit Suspension Period means the 180 day period following the date a covered condition, for which the certificate pays a benefit, occurs with respect to a covered person.

Bone Marrow Transplant means the irreversible failure of a covered person's bone marrow for which a physician, who is board certified in hematology or oncology, has determined that the replacement of such covered person's bone marrow with bone marrow from the covered person, or another donor is medically necessary.

Category Benefit Amount means the maximum aggregate amount, as shown in the certificate, that we will pay for all covered conditions combined in any category of covered conditions, per covered person, per lifetime, as provided under the certificate. There are three categories of covered conditions and they are shown in the Benefit of Your Certificate section of this Disclosure Document. There is only one Category Benefit Amount in effect at any time for each covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Dependent means the following as defined in the certificate(s): Your spouse, domestic partner, and/or dependent child.

First Occurs or First Occurrence means, with respect to each covered condition, the first time after a covered person initially becomes insured under the group policy that such covered condition occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the
uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to artherosclerosis, spasm, thrombus or emboli.

Heart Transplant means the irreversible failure of a Covered Person's heart for which a Physician has determined that the complete replacement of such organ with another heart is medically necessary.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- Immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
- a kidney transplant.

Major Organ Transplant means:

- the irreversible failure of a covered person's lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with another entire organ is medically necessary; or
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with another liver or liver tissue is medically necessary.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the group policy.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Total Benefit Amount means the maximum aggregate amount, as specified in the certificate, that we will pay for any and all covered conditions combined, per covered person, per lifetime, as provided under the certificate or any certificate it replaces.

2) EXCLUSIONS

<u>Exclusions Related to Covered Conditions:</u>

We will not pay benefits for a Heart Transplant:

- performed outside the United States, unless the covered person was placed on the Transplant List prior to the Heart Transplant being performed; or
- involving stem cell generated transplants.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving stem cell generated transplants;
- involving islet cell transplants; or
- involving a heart being transplanted in combination with any other organ.

We will not pay benefits for a diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

We will not pay benefits for a diagnosis of Full Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer unless there is metastasis;
- any malignant tumor classified as less than T1N0M0 under TNM Staging; or

any condition that is Partial Benefit Cancer.

We will not pay benefits for a diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

<u>General Exclusions</u>:

We will not pay benefits for covered conditions caused or contributed to by a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the certificate.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition first occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

3) DEPENDENT INSURANCE

When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. To enroll a Dependent Child, that child must be under age 26. Children will not be covered until they are at least 15 days old. Once you have Dependent Insurance for at least one Dependent Child, if another child becomes your dependent that child will automatically be covered.

4) BENEFIT INCREASES

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) PREMIUMS.

Premium rates change based on age. Premium Rates for you and your Dependents are also subject to change at other times as stated in each of the group policies.

Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Work and work history
- Driving record
- Hobbies and dangerous activities
- Finances

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on

what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act (“HIPAA”) may further limit how we may use and share your information.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office, P. O. Box 489, Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
General American Life Insurance Company
SafeHealth Life Insurance Company
MetLife Insurance Company of Connecticut
SafeGuard Health Plans, Inc.

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

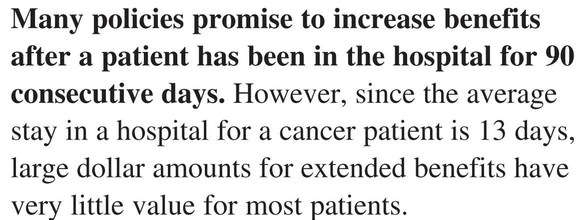
This policy may pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

BEFORE YOU BUY THIS INSURANCE

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.



Many policies promise to increase benefits after a patient has been in the hospital for 90 consecutive days. However, since the average stay in a hospital for a cancer patient is 13 days, large dollar amounts for extended benefits have very little value for most patients.

Many cancer insurance policies have fixed dollar limits. For example, a policy might pay only up to $1,500 for surgery costs or $1,000 for radiation therapy, or it may have fixed payments such as $50 or $100 for each day in the hospital. Others limit total benefits to a fixed amount such as $5,000 or $10,000.

No policy will cover cancer diagnosed before you applied for the policy. Some policies will deny coverage if you are later found to have had cancer at the time of purchase, even if you did not know it.

Most cancer insurance does not cover cancer-related illnesses. Cancer or its treatment may lead to other physical problems, such as infection, diabetes or pneumonia.

Many policies contain time limits. Some policies require waiting periods of 30 days or even several months before you are covered. Others stop paying benefits after a fixed period of two or three years.

Prepared by the National Association
of Insurance Commissioners

A Shopper's Guide To CANCER INSURANCE

Should You Buy Cancer Insurance?

Cancer Insurance Is Not a Substitute For Comprehensive Coverage

Caution: Limitations On Cancer Insurance

Cancer Insurance ...

Cancer insurance provides benefits only if you get cancer. No policy will cover you for cancer diagnosed before you applied for the policy. Examples of other specified disease policies are heart attack or stroke policies. The information in this booklet applies to cancer insurance, but could very well apply to other specified disease policies.

Cancer Insurance Is Not A Substitute For Comprehensive Coverage ...

Cancer treatment accounts for about 10% of U.S. health expenses. In fact, no single disease accounts for more than a small proportion of the American public's health care bill. This is why it is essential to have insurance coverage for all conditions, not just cancer.

If you and your family are not protected against catastrophic medical costs, you should consider a major medical policy. These policies pay a large percentage of your covered costs after a deductible is paid either by you or your basic insurance. They often have very high maximums, such as $100,000 to $1,000,000. Major medical policies will cover you for any accident or sickness, including cancer. They cost more than cancer policies because they cover more, but they are generally considered a better buy.

Should You Buy Cancer Insurance? ... Many People Don't Need It

If you are considering cancer insurance, ask yourself three questions: Is my current coverage adequate for these costs? How much will the treatment cost if I do get cancer? How likely am I to contract the disease?

If you have Medicare and want more insurance, a comprehensive Medicare supplement policy is what you need.

Low-income people who are Medicaid recipients do not need any more insurance. If you think you might qualify, contact your local social service agency.

Duplicate Coverage is Expensive and Unnecessary. Buy basic coverage first, such as a major medical policy. Make sure any cancer policy will meet needs not met by your basic insurance. You cannot assume that double coverage will result in double benefits. Many cancer policies advertise that they will pay benefits no matter what your other insurance pays. However, your basic policy may contain a coordination of benefits clause. That means it will not pay duplicate benefits. To find out if you can get benefits from both policies, check your major medical insurance as well as the cancer policy.

Some Cancer Expenses May Not be Covered Even by a Cancer Policy. Medical costs of cancer treatment vary. On the average, hospitalization accounts for 78% of such costs and physician services make up 13%. The remainder goes for other professional services, drugs and nursing home care. Cancer patients often face large, non-medical expenses that are not usually covered by cancer insurance. Examples are home care, transportation and rehabilitation costs.

Don't be Mislead by Emotions. While 3 in 10 Americans will get cancer over a lifetime, 7 in 10 will not. In any one year, only one American in 250 will get cancer. The odds are against you receiving any benefits from a cancer policy. Be sure you know what conditions must be met before the policy will start to pay your bills.

Caution: Limitations Of Cancer Insurance ...

Cancer policies sold today vary widely in cost and coverage. If you decide to purchase a cancer policy, contact different companies and agents, and compare the policies before you buy. The following are some common limitations.

Some policies pay only for hospital care. Today cancer treatment, including radiation, chemotherapy and some surgery, is often given on an outpatient basis. Because the average stay in the hospital for a cancer patient is only 13 days, a policy that pays only when you are hospitalized has limited value.