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

Enrollment Period: 11/4/2020 - 11/25/2020

Critical Illness Insurance



Eligible Individual	Initial Benefit	Requirements			
Coverage Options	Coverage Options				
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work. 1			
Spouse/Domestic Partner ²	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. 1			
Dependent Child(ren) ³	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. 1			

Benefit Payment

Your **Initial Benefit** provides a lump-sum payment upon the first verified diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ for the following Covered Conditions: Heart Attack, Stroke, ⁵ Coronary Artery Bypass Graft, ⁶ Full Benefit Cancer⁷ and Partial Benefit Cancer. ⁷ A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$45,000 or \$90,000.

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

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁸	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one benefit payment for one Listed Condition in his/her lifetime. The Listed



Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematos us (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$15,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$45,000.

Illness - Covered Condition	Payment	Total Benefit Remaining
Heart Attack — first verified diagnosis	Initial Benefit payment of \$15,000 or 100%	\$30,000
Heart Attack — second verified diagnosis, two years later	Recurrence Benefit payment of \$7,500 or 50%	\$22,500
Kidney Failure — first verified diagnosis, three years later	Initial Benefit payment of \$15,000 or 100%	\$7,500

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

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first twelve months of coverage. The preexisting condition limitation does not apply to heart attack or stroke.

Supplemental Benefits

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit9

MetLife will provide an annual benefit* of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

 Annual physical exam 	 Flexible sigmoidoscopy 		
 Biopsies for cancer 	 Hemoccult stool specimen 		
 Blood test to determine total cholesterol 	Hemoglobin A1C		
 Blood test to determine triglycerides 	 Human papillomavirus (HPV) vaccination 		
 Bone marrow testing 	Lipid panel		
 Breast MRI 	Mammogram		
 Breast ultrasound 	 Oral cancer screening 		
 Breast sonogram 	 Pap smears or thin prep pap tests 		
 Cancer antigen 15-3 blood test for breast cancer (CA 15-3) 	 Prostate-specific antigen (PSA) test 		
 Cancer antigen 125 blood test for ovarian cancer (CA 125) 	 Serum cholesterol test to determine LDL and HDL levels 		
 Carcinoembryonic antigen blood test for colon cancer (CEA) 	 Serum protein electrophoresis 		
Carotid doppler	 Skin cancer biopsy 		
Chest x-rays	 Skin cancer screening 		
 Clinical testicular exam 	Skin exam		
Colonoscopy	Stress test on bicycle or treadmill		
 Digital rectal exam (DRE) 	 Successful completion of smoking cessation program 		
 Doppler screening for cancer 	 Tests for sexually transmitted infections (STIs) 		
 Doppler screening for peripheral vascular disease 	thermography		



 Echocardiogram 	 Two hour post-load plasma glucose test
Electrocardiogram (EKG)	 Ultrasounds for cancer detection
■ Endoscopy	 Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
 Fasting blood glucose test 	 Virtual colonoscopy
 Fasting plasma glucose test 	

Insurance Rates

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

Monthly Premium/\$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$0.19	\$0.33	\$0.36	\$0.50
25–29	\$0.21	\$0.35	\$0.37	\$0.52
30–34	\$0.29	\$0.48	\$0.45	\$0.64
35–39	\$0.41	\$0.67	\$0.58	\$0.84
40–44	\$0.63	\$1.00	\$0.79	\$1.17
45–49	\$0.95	\$1.50	\$1.12	\$1.66
50–54	\$1.39	\$2.17	\$1.55	\$2.33
55–59	\$1.95	\$3.05	\$2.12	\$3.21
60–64	\$2.82	\$4.40	\$2.99	\$4.57
65–69	\$4.27	\$6.65	\$4.44	\$6.81
70+	\$6.49	\$10.04	\$6.66	\$10.21

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

Questions & Answers

- Q. How do I enroll?
- A. Enroll for coverage at State of Alaska enrollment website: https://myrnb.alaska.gov/myrnb/faces/home
- Q. Who is eligible to enroll?
- **A.** Regular active full-time employees who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.¹
- Q. How do I pay for coverage?
- **A.** Coverage is paid through payroll deduction.
- Q. What is the coverage effective date?
- **A.** The coverage effective date is 01/01/2021.
- Q. If I Leave the Company, Can I Keep My Coverage? 10
- A. Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.
- Q. Who do I call for assistance?
- A. Contact a MetLife Customer Service Representative at 1 800-GET-MET8 (1-800-438-6388), Monday through Friday from 4:00 a.m. to 4:00 p.m., AK.



- ¹ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
- ² Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

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

⁴ We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.

⁵ In certain states, the covered condition is Severe Stroke.

⁶ In NY and NJ sitused cases, the Covered Condition is Coronary Artery Disease.

- ⁷ Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. Skin Cancer is covered at 5% of the Initial Benefit Amount (but not less than \$250)..
- ⁸ Please review the Outline of Coverage for specific information about Alzheimer's disease.

⁹The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods. There is a separate mammogram benefit for MT residents and for cases sitused in CA and MT.

¹⁰ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most plans, there is a preexisting condition exclusion. After a covered condition occurs, there is a benefit suspension period during which benefits will not be paid for a recurrence, except in the case of individuals covered under a New York certificate. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. A more detailed description of the benefits, limitations, and exclusions applicable can be found in the applicable Disclosure Statementor Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York,

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

