

## Critical Illness Insurance

Effective June 1, 2025 – May 31, 2026

You can enroll in voluntary benefits by logging in to **ADP TotalSource**<sup>®</sup> during new hire, annual open enrollment, and qualifying life event windows.

When there, select **Myself > Benefits > Enrollments**. Feel free to contact **ADP TotalSource** at **(844) 448-0325** with any questions you may have about how to elect voluntary coverages.

If you have questions about the benefits plans, contact MetLife directly at **(877) ADPTS01** or **(877) 237-8701** between the hours of 8 a.m. – 8 p.m. ET.

### Critical Illness Insurance Benefits

You are eligible to enroll in Critical Illness Insurance coverage from MetLife if you are Actively at Work.<sup>1</sup>

Eligible Individual	Benefit Amount
<b>Coverage Options</b>	
<b>Employee</b>	\$10,000, \$20,000, \$30,000, \$40,000 or \$50,000
<b>Spouse/Domestic Partner<sup>2</sup></b>	100% of the Employee's Initial Benefit
<b>Dependent Child(ren)<sup>3</sup></b>	100% of the Employee's Initial Benefit

Please refer to the Disclosure Statement or Outline of Coverage/Disclosure Document for more information including the exclusions and limitations which apply to coverage.

### Insurance Rates

MetLife offers group rates and 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 per \$1,000 of Coverage

Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$0.22	\$0.33	\$0.41	\$0.48
25–29	\$0.22	\$0.37	\$0.41	\$0.52
30–34	\$0.30	\$0.48	\$0.44	\$0.66
35–39	\$0.44	\$0.66	\$0.63	\$0.88
40–44	\$0.70	\$1.07	\$0.88	\$1.22
45–49	\$1.07	\$1.58	\$1.22	\$1.80
50–54	\$1.55	\$2.35	\$1.77	\$2.58
55–59	\$2.21	\$3.32	\$2.40	\$3.54
60–64	\$3.24	\$4.86	\$3.46	\$5.05
65–69	\$5.01	\$7.37	\$5.19	\$7.59
70+	\$7.59	\$11.19	\$7.77	\$11.38

Rates are based on age bands and will increase when a participant 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.



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### Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition<sup>4</sup>. Your plan also pays a lump-sum **Recurrence Benefit**<sup>5</sup> for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

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

Covered Conditions*	Initial Benefit	Recurrence Benefit
<b>Autism Spectrum Disorder Category</b>		
Autism Spectrum Disorder payable for a dependent child for a diagnosis of any severity	25% of Benefit Amount	None
<b>Benign Tumor Category</b>		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit Amount
<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit Amount
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit Amount
Skin Cancer	5% of Benefit Amount, but not less than \$250	100% of Initial Benefit, but not less than \$250
<b>Cardiovascular Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	100% of Benefit Amount	100% of Initial Benefit Amount
<b>Childhood Disease Category</b>		
Cerebral Palsy	100% of Benefit Amount	None
Cleft Lip or Cleft Palate	100% of Benefit Amount	None
Cystic Fibrosis	100% of Benefit Amount	None
Diabetes (Type 1)	100% of Benefit Amount	None
Down Syndrome	100% of Benefit Amount	None
Sickle Cell Anemia	100% of Benefit Amount	None
Spina Bifida	100% of Benefit Amount	None
<b>Functional Loss Category</b>		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	None
Paralysis of 2 or More Limbs	100% of Benefit Amount	None
<b>Heart Attack Category</b>		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	None
<b>Infectious Disease Category</b>		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.</i>		

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Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	None
COVID-19 <sup>6</sup>	25% of Benefit Amount	None
Diphtheria	25% of Benefit Amount	None
Encephalitis	25% of Benefit Amount	None
Legionnaire's Disease	25% of Benefit Amount	None
Malaria	25% of Benefit Amount	None
Necrotizing Fasciitis	25% of Benefit Amount	None
Osteomyelitis	25% of Benefit Amount	None
Rabies	25% of Benefit Amount	None
Tetanus	25% of Benefit Amount	None
Tuberculosis	25% of Benefit Amount	None
<b>Kidney Failure Category</b>		
Kidney Failure	100% of Benefit Amount	None
<b>Major Organ Transplant Category</b>		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	None
<b>Occupational Post-Traumatic Stress Disorder Category</b>		
Occupational Post-Traumatic Stress Disorder	25% of Benefit Amount	None
<b>Progressive Disease Category</b>		
Adrenal Hypofunction (Addison's Disease)	25% of Benefit Amount	None
Amyotrophic Lateral Sclerosis (ALS)	100% of Benefit Amount	None
Alzheimer's Disease	100% of Benefit Amount	None
Huntington's Disease	25% of Benefit Amount	None
Multiple Sclerosis	100% of Benefit Amount	None
Muscular Dystrophy	100% of Benefit Amount	None
Parkinson's Disease (Advanced)	100% of Benefit Amount	None
Poliomyelitis	25% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	None
Systemic Sclerosis (Scleroderma)	25% of Benefit Amount	None
<b>Severe Burn Category</b>		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
<b>Stroke Category</b>		
Stroke	100% of Benefit Amount	100% of Initial Benefit

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OTHER BENEFITS CATEGORY		
BENEFIT	BENEFIT LIMIT	
Health Screening Benefit <sup>7</sup>	1 time(s) per calendar year	\$100
Mammogram Benefit* <i>Payable when an eligible covered person undergoes a mammogram</i>	1 time(s) per calendar year	\$200
Lodging Benefit <i>Payable if a covered person stays in a lodging while receiving treatment for a covered condition</i>	20 day(s) per calendar year	\$100
Transportation Benefit <i>Payable for a covered person's travel to and from a treatment center for treatment of a covered condition</i>	\$5,000 per calendar year	\$0.50 per mile up to \$1,500 per round trip
Companion Lodging <sup>8</sup> and Transportation Benefit <i>Payable if a covered person is confined in a hospital<sup>9</sup> or receiving treatment at a treatment center for a covered condition, and an adult companion travels and stays in a lodging</i>	20 day(s) per calendar year for the companion's lodging.  Up to \$5,000 per calendar year for the adult companion benefit.	\$100 per day  \$0.50 per mile up to \$1,500 per round trip
Second Opinion Benefit <i>Payable if a covered person receives a second opinion at an evaluation center for a covered condition</i>	Up to 5 second opinions per covered person.	\$500 per evaluation and an additional \$250 if the evaluation center is more than 50 miles from the covered person's primary residence

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### Additional Resources

#### Digital Estate Planning<sup>10</sup>

You have access to Digital Estate Planning services to create key estate planning documents online in as little as 15 minutes by answering a few simple questions. Documents include Last Will and Testament, Advance Healthcare Directive (Living Will), and Durable Financial Power of Attorney. Visit [www.willscenter.com](http://www.willscenter.com) to get started.

#### MetLife VisionAccess<sup>11</sup>

You will have access to the MetLife VisionAccess discount program<sup>12</sup>. The program provides a discount on eye exams, glasses and frames, and laser vision correction<sup>13</sup> when visiting a participating private practice.

#### Funeral Discount and Planning Services<sup>14</sup>

Funeral discounts and planning services are available to covered individuals through Dignity Memorial. You and your family will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.

#### \*Notes Regarding Covered Conditions

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
  - Aortic Valve or Mitral Valve Repair or Replacement
  - Coma
  - Congenital Heart Disease (for which Surgery has been recommended for treatment)
  - Coronary Angioplasty
  - ICD
  - Loss of: Ability to Speak; Hearing; or Sight
  - Major Organ Transplant Donation
  - Pacemaker
  - Paralysis
  - Severe Burn

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### Example of How Benefits are Paid

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

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

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.

You are not obligated to purchase any of the voluntary policies or services offered and you may explore other options including purchase of policies or services directly from an insurance company or provider. You should discuss your options with your financial advisor, attorney, accountant, or other professionals.



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<sup>1</sup> Actively at Work means that you are performing the substantial and material duties of your own occupation for full pay. This must be done at your place of business, or a location to which such business requires you to travel.

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

<sup>3</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>4</sup> Not all Covered Conditions are available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.

<sup>5</sup> Please review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

<sup>6</sup> COVID-19 is covered under the Infectious Disease Category. For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for the consecutive number of days specified in the Certificate.

<sup>7</sup> The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

<sup>8</sup> The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least a certain number of miles from the insured's primary residence as defined in the certificate.

<sup>9</sup> Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. Please refer to your Certificate of Insurance for details.

<sup>10</sup> Digital Estate Planning without online notary is available to all individuals regardless of any MetLife relationship or product. It is not available for customers situated in or individuals located in GU, PR and VI. Domestic partnerships are not currently supported. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

<sup>11</sup> Vision Insurance is provided by Metropolitan Life Insurance Company (MetLife), New York, NY. Certain claim and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

<sup>12</sup> Discount off retail. Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

<sup>13</sup> The VSP Choice network allows you to access discounted laser correction services. May not be available in all states or regions. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations. Not everyone will qualify for LASIK surgery. Results will vary. Please discuss outcomes with your eyecare provider.

<sup>14</sup> Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services offered in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. For coverage issued under a multiple-employer trust, services are not available for WA residents.

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METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There are benefit reductions that begin at age 65, if applicable. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations, and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care, or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.