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Important benefits for CSEA members

Many individuals have had a family member, friend or acquaintance who has felt the physical, emotional and financial effects of a critical illness; a co-worker diagnosed with cancer, a friend's parent who has suffered a stroke, or a loved one who had a heart attack. Despite having good medical insurance, there are still expenses associated with a critical illness that many medical plans don't cover.

Help fill the financial gaps with Critical Illness Insurance

Critical Illness Insurance can help fill the financial gaps that traditional life, medical, and disability coverage leave, by providing funds to use any way you choose, including indirect, non-medical, and non-covered costs, such as:

- Medical co-pays and deductibles
- Prescription drug co-pays
- Mortgage/rent payments
- Childcare bills
- Car payments
- Out-of-networks treatments
- Utility payments and other household bills

By themselves, these expenses may not seem significant but together they can add up.

What are the Covered Conditions?

MetLife Critical Illness Insurance provides a lump-sum payment if you or a covered family member¹ is diagnosed with one of the following medical conditions and meets the policy and certificate requirements.

Covered Conditions

- Cancer²
- Heart Attack
- Stroke³
- Coronary Artery Disease
- Kidney Failure
- Alzheimer's Disease⁴
- Major Organ Transplant

Benefit for Covered Conditions	Initial Benefit	Recurrence Benefit
Coronary Artery Disease	100% of Benefit Amount	None
Full Benefit Cancer	100% of Benefit Amount	100% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	25% of Benefit Amount
Heart Attack	100% of Benefit Amount	100% of Benefit Amount
Kidney Failure	100% of Benefit Amount	None
Major Organ Transplant	100% of Benefit Amount	100% of Benefit Amount
Stroke	100% of Benefit Amount	100% of Benefit Amount
Alzheimer's Disease	100% of Benefit Amount	None
Skin Cancer Benefit ⁵	5% of Benefit Amount	None

How do payments within each category occur?

Your Initial Benefit provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a one-time Recurrence Benefit per Covered Condition for the following Covered Conditions: Cancer, Heart Attack, Stroke and Major Organ Transplant. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition.

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 for different covered conditions until you reach the maximum of 300% or \$30,000, \$60,000, \$90,000, or \$120,000.

Payment example

The following is a payment example for a member who purchased a **\$10,000 category benefit amount** where all group policy and certificate requirements for coverage have been met:

You are diagnosed as having lung cancer.

MetLife would pay 100% of the initial benefit amount = \$10,000.

Within the next 12 months, you are diagnosed with Alzheimer's disease.

MetLife would pay 100% of the initial benefit amount.

Then, the following year, you suffer a debilitating stroke.

MetLife again would pay 100% since this is still considered an initial occurrence.

The above example illustrates what could happen during the life of the Critical Illness Insurance certificate with a category benefit amount of \$10,000 and a total benefit amount of \$30,000. This is the maximum amount that you could receive under a certificate with a \$10,000 category benefit amount.

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.

Quality preventive care may reduce the risk of critical illness

Prevention is the best medicine. That's why as part of the critical illness insurance benefit, each year, you and your covered dependents are eligible to receive an additional \$100 health screening benefit,⁶ which is above and beyond your lump-sum benefit payment. To receive this health screening benefit, a covered member must send MetLife evidence that they have undergone one of the tests listed on the right. This benefit is limited to one test per covered person each calendar year with no waiting period.



The covered tests

- Annual physical exam
- Biopsies for cancer
- Blood test to determine total cholesterol
- Blood test to determine triglycerides
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- Breast sonogram
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Carotid Doppler
- Chest X-rays
- Clinical testicular exam
- Colonoscopy
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screening for peripheral vascular disease
- Echocardiogram
- Electrocardiogram (EKG)
- Endoscopy
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hemocult stool specimen
- Hemoglobin A1C
- Human papillomavirus (HPV) vaccination
- Lipid panel
- Mammogram
- Oral cancer screening
- Pap smears or thin prep pap test
- Prostate-specific antigen (PSA) test
- Serum cholesterol test to determine LDL or HDL levels
- Serum protein electrophoresis
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Stress test on bicycle or treadmill
- Successful completion of smoking cessation program
- Tests for sexually transmitted infections (STIS)
- Thermography
- Two hour post-load plasma glucose test
- Ultrasounds for cancer detection
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
- Virtual colonoscopy

Effective date

Your insurance (as well as any applicable coverage for your spouse/ domestic partner and/or dependent child who are not confined at home under a physician's care, receiving or applying to receive disability benefits, or hospitalized) will not become effective until your application has been approved and the 1st premium and/or payroll deduction has been paid. If a member is not actively at work on that date, coverage will take effect on the date you return to work and your premiums will be due at that time. There is no waiting period for coverage to begin.

For coverage to become effective, the insured must have medical coverage in force on the effective date.

When insurance ends

Date your insurance ends

Your insurance will end on the earliest of the:

- date the group policy ends;
- date you die;
- date insurance ends for your class;
- end of the period for which the last full premium has been paid for you;
- date you cease to be in an eligible class; or
- date your membership in Civil Service Employees Association, Inc. ends for any reason.

Date dependent insurance ends

A dependent's insurance will end on the earliest of the:

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



Preexisting condition exclusion

Preexisting condition means a sickness or injury for which, in the 6 months before a covered person becomes insured under this certificate, or before any benefit increase with respect to such covered person, medical advice was given or treatment was recommended by, prescribed by or received from a licensed healthcare provider.

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 this 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.

General exclusions

We will not pay benefits for any loss for a covered person caused or contributed to by the covered person: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide; being intoxicated or under the influence

of any narcotic, unless administered on the advice of a physician; 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, Canada or Mexico, unless the diagnosis is confirmed in the United States, Canada or Mexico, in which case the covered condition will be deemed to occur on the date of the diagnosis made outside the United States, Canada or Mexico.

To apply for coverage

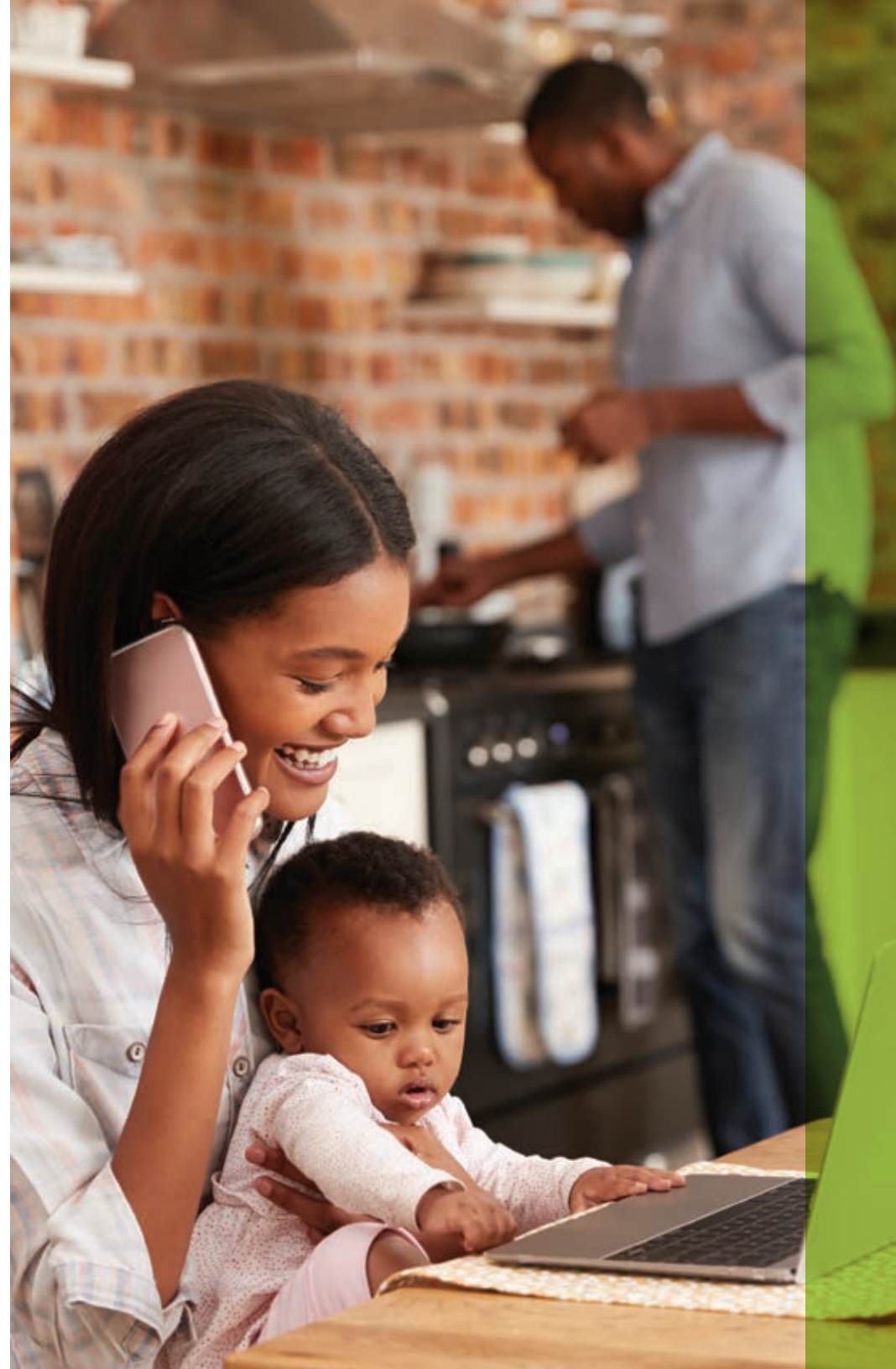
How do I apply for coverage?



Call Pearl Insurance at 1-877-847-2732 to speak with a CSEA Insurance Representative.



Pearl Insurance
13 Airline Drive | Albany, NY 12205
www.cseainsurance.com
1-877-VIP-CSEA



1. Covered Family Member means all Covered Persons as defined in the Certificate. Dependent coverage cannot exceed the member amount.
2. 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).
3. In certain states, the Covered Condition is Severe Stroke.
4. Please review the Outline of Coverage for specific information about Alzheimer's disease.
5. Skin cancer is only available to NY certificates.
6. The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods.

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Coverage may not be available in all states. Please contact Pearl Insurance at 1-877-847-2732.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability may vary by state. In most plans, there is a pre-existing condition exclusion. For individuals other than those covered under a New York certificate, after a covered condition occurs there is a benefit suspension period during which benefits will not be paid for a recurrence. 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 Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI or GPNP09-CI, or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

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

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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