El Camino Hospital

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements		
Coverage Options				
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ¹		
Spouse/Domestic Partner ²	100% 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	100% 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 plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit**⁴ 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
Autism Spectrum Disorder Category		
Autism Spectrum Disorder payable for a covered person (adult or child) for a diagnosis of any severity	25% of Benefit Amount	None
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit Amount
Cancer Category		
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	None



Coronary Artery Bypass Graft (CABC) - where surgery involving either a median stemotomy or minimally invasive procedure is performed Coronary Artery Bypass Graft (CABC) - where a minimally-invasive surgical procedure is performed Coronary Artery Bypass Graft (CABC) - where a minimally-invasive surgical procedure is performed Coronary Artery Bypass Graft (CABC) - where a minimally-invasive surgical procedure is performed Coronary Artery Bypass Graft (CABC) - where a minimally-invasive surgical procedure is performed Coronary Artery Bypass Graft (CABC) - where a minimally-invasive surgical procedure is performed Coronary Artery Bypass Graft (CABC) - where a minimal manual ma	Cardiovascular Disease Category		
### Solid Benefit Amount ### Solid Benefit Amo	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
Cerebral Palasy 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 Diabetes (Type 1) 100% of Benefit Amount None Down Syndrome 100% of Benefit Amount None Sickle Cell Anemia 100% of Benefit Amount None Sickle Cell Anemia 100% of Benefit Amount None Sickle Cell Anemia 100% of Benefit Amount None Functional Loss Category Coma 100% of Benefit Amount 100% of Initial Benefit Amount Loss of Ability to Speak; Hearing; or Sight 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Heart Attack Category Heart Attack 100% of Benefit Amount None Infectious Disease Category For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days. Bacterial Cerebrospinal Meningitis 25% of Benefit Amount None COVID-19 25% of Benefit Amount None Diphtheria 25% of Benefit Amount None Diphtheria 25% of Benefit Amount None Legionnaire's Disease 25% of Benefit Amount None Malaria 25% of Benefit Amount None Rebies 25% of Benefit Amount None Recrotizing Fascitite 25% of Benefit Amount None Reabies 25% of Benefit Amount None Reabies 25% of Benefit Amount None Reabies 25% of Benefit Amount None None Tuberculosis 105 Benefit Amount None	Coronary Artery Bypass Graft (CABG) - where a minimally-invasive surgical procedure is performed	50% of Benefit Amount	100% of Initial Benefit Amount
Cystic Fibrosis 100% of Benefit Amount None Cystic Fibrosis 100% of Benefit Amount None Down Syndrome 100% of Benefit Amount None Sickle Cell Anemia 100% of Benefit Amount None Sickle Cell Anemia 100% of Benefit Amount None Spina Bifida 100% of Benefit Amount None Spina Bifida 100% of Benefit Amount None Functional Loss Category Coma 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Heart Attack Category Heart Attack Category For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days. Bacterial Cerebrospinal Meningitis 25% of Benefit Amount None COVID-19 25% of Benefit Amount None Encephalitis 25% of Benefit Amount None Settle Spissase 25% of Benefit Amount None Encephalitis 25% of Benefit Amount None Covid-Dray 25% of Benefit Amount None Encephalitis 25% of Benefit Amount None Encephalitis 25% of Benefit Amount None Settle Spissase 25% of Benefit Amount None Soteomyelitis 25% of Benefit Amount None Soteomyelitis 25% of Benefit Amount None None Tuberculosis 25% of Benefit Amount None N	Childhood Disease Category		
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 Biffida 100% of Benefit Amount None Functional Loss Category Coma 100% of Benefit Amount 100% of Initial Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Infectious Disease Category For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days. Bacterial Cerebrospinal Meningitis 25% of Benefit Amount None COVID-19 25% of Benefit Amount None Paralysis 25% of Benefit Amount None Paral	Cerebral Palsy	100% of Benefit Amount	None
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Down Syndrome 100% of Benefit Amount None Sickle Cell Anemia 100% of Benefit Amount None Spina Bifida 100% of Benefit Amount None Functional Loss Category Coma 100% of Benefit Amount 100% of Initial Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Heart Attack Category Heart Attack 100% of Benefit Amount None Heart Attack 100% of Benefit Amount None Heart Attack Category Heart Attack 100% of Benefit Amount None Infectious Disease 25% of Benefit Amount None COVID-19 25% of Benefit Amount None COVID-19 25% of Benefit Amount None Diphtheria 25% of Benefit Amount None Legionnaire's Disease 25% of Benefit Amount None Malaria 25% of Benefit Amount None Melaria 25% of Benefit Amount None Melaria 25% of Benefit Amount None None Melaria 25% of Benefit Amount None Mone Melaria 35% of Benefit Amount None Mone Melaria 35% of Benefit Amount None Mone Mone Mercritiity Mone Mone Mone Mone Mone Mone Mone Mone	Cystic Fibrosis	100% of Benefit Amount	None
Sickle Cell Anemia 100% of Benefit Amount None Spina Bifida 100% of Benefit Amount None Functional Loss Category Coma 100% of Benefit Amount 100% of Initial Benefit Amount Loss of Ability to Speak; Hearing; or Sight 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Heart Attack Category Heart Attack Category Heart Attack Category Heart Attack Category For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days. Bacterial Cerebrospinal Meningitis 25% of Benefit Amount None COVID-19 25% of Benefit Amount None Diphtheria 25% of Benefit Amount None Encephalitis 25% of Benefit Amount None Encephalitis 25% of Benefit Amount None Malaria 25% of Benefit Amount None Malaria 25% of Benefit Amount None Necrotizing Fascititis 25% of Benefit Amount None Osteomyelitis 25% of Benefit Amount None Tetanus 25% of Benefit Amount None Tuberculosis 25% of Benefit Amount None Tuberculosis 25% of Benefit Amount None Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount None None Mone	Diabetes (Type 1)	100% of Benefit Amount	None
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Coma 100% of Benefit Amount 100% of Initial Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or More Limbs 100% of Benefit Amount None Paralysis of 2 or a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days. Bacterial Cerebrospinal Meningitis 25% of Benefit Amount None COVID-19 25% of Benefit Amount None Paralysis of Benefit Amount None Pa	Spina Bifida	100% of Benefit Amount	None
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Heart Attack 100% of Benefit Amount 100% of Initial Benefit Amount Sudden Cardiac Arrest 100% of Benefit Amount None Infectious Disease Category For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days. Bacterial Cerebrospinal Meningitis 25% of Benefit Amount None COVID-19 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 Necrotizing Fasciitis 25% of Benefit Amount None Rabies 25% of Benefit Amount None Tetanus 25% of Benefit Amount None Tuberculosis 25% of Benefit Amount None Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount None Tuberculosis 25% of Benefit Amount None None Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount Adoption or Surrogacy Due to Chronic Infertility 50% of Benefit Amount None None Kidney Failure Category	Paralysis of 2 or More Limbs	100% of Benefit Amount	None
Sudden Cardiac Arrest 100% of Benefit Amount None Infectious Disease Category For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days. Bacterial Cerebrospinal Meningitis 25% of Benefit Amount None COVID-19 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 Tetanus 25% of Benefit Amount None Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount Amount Adoption or Surrogacy Due to Chronic Infertility 50% of Benefit Amount None Kidney Failure Category	Heart Attack Category		
Infectious Disease Category For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days. Bacterial Cerebrospinal Meningitis 25% of Benefit Amount None COVID-19 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 Tetanus 25% of Benefit Amount None Tuberculosis 25% of Benefit Amount None Infertility None Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None	Heart Attack	100% of Benefit Amount	100% of Initial Benefit Amount
For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days. Bacterial Cerebrospinal Meningitis 25% of Benefit Amount None COVID-19 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 None Necrotizing Fasciitis 25% of Benefit Amount None Osteomyelitis 25% of Benefit Amount None Tetanus 25% of Benefit Amount None Tetanus 25% of Benefit Amount None Infertility Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None Infertility Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None Infertility Non-Surgical Treatment: 25% of Benefit Amount None	Sudden Cardiac Arrest	100% of Benefit Amount	None
Bacterial Cerebrospinal Meningitis 25% of Benefit Amount None COVID-19 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 Mecrotizing 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 Infertility None Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None Infertility None	Infectious Disease Category		
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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	Bacterial Cerebrospinal Meningitis	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 Tuberculosis 25% of Benefit Amount None Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None Adoption or Surrogacy Due to Chronic Infertility 50% of Benefit Amount None Kidney Failure Category	COVID-19	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 Tuberculosis 25% of Benefit Amount None Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None Adoption or Surrogacy Due to Chronic Infertility 50% of Benefit Amount None None	Diphtheria	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 Tuberculosis 25% of Benefit Amount None Tuberculosis 25% of Benefit Amount None Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None Adoption or Surrogacy Due to Chronic Infertility 50% of Benefit Amount None Kidney Failure Category	Encephalitis	25% of Benefit Amount	None
Necrotizing Fasciitis 25% of Benefit Amount None 25% of Benefit Amount None Rabies 25% of Benefit Amount None Tetanus 25% of Benefit Amount None Tuberculosis 25% of Benefit Amount None Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None None None None None None None Kidney Failure Category	Legionnaire's Disease	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 Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount Adoption or Surrogacy Due to Chronic Infertility None Kidney Failure Category	Malaria	25% of Benefit Amount	None
Rabies 25% of Benefit Amount None Tetanus 25% of Benefit Amount None Tuberculosis 25% of Benefit Amount None Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None Adoption or Surrogacy Due to Chronic Infertility 50% of Benefit Amount None Kidney Failure Category	Necrotizing Fasciitis	25% of Benefit Amount	None
Tetanus 25% of Benefit Amount None Tuberculosis 25% of Benefit Amount None Infertility Failure Category Infertility Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None Adoption or Surrogacy Due to Chronic Infertility 50% of Benefit Amount None Kidney Failure Category	Osteomyelitis	25% of Benefit Amount	None
Tuberculosis Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount None None None None None None Surgical Treatment: 25% of Benefit Amount Surgical Treatment: 25% of Benefit Amount None Adoption or Surrogacy Due to Chronic Infertility So% of Benefit Amount None Kidney Failure Category	Rabies	25% of Benefit Amount	None
Infertility Failure Category Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount Adoption or Surrogacy Due to Chronic Infertility 50% of Benefit Amount Kidney Failure Category	Tetanus	25% of Benefit Amount	None
Non-Surgical Treatment: 10% of Benefit Amount Surgical Treatment: 25% of Benefit Amount Adoption or Surrogacy Due to Chronic Infertility None None None Kidney Failure Category	Tuberculosis	25% of Benefit Amount	None
Infertility Benefit Amount Surgical Treatment: 25% of Benefit Amount Adoption or Surrogacy Due to Chronic Infertility 50% of Benefit Amount None Kidney Failure Category	Infertility Failure Category		
Kidney Failure Category	Infertility	Benefit Amount Surgical Treatment: 25% of Benefit	None
	Adoption or Surrogacy Due to Chronic Infertility	50% of Benefit Amount	None
Kidney Failure 100% of Benefit Amount None	Kidney Failure Category		
	Kidney Failure	100% of Benefit Amount	None



Major Organ Transplant Category		
Major Organ Transplant Category Major Organ Transplant For bone marrow, heart, lung, pancreas, and liver	100% of Benefit Amount	None
Progressive Disease Category		
Adrenal Hypofunction (Addison's Disease)	100% of Benefit Amount	None
ALS	100% of Benefit Amount	None
Alzheimer's Disease	100% of Benefit Amount	None
Huntington's Disease	100% of Benefit Amount	None
Multiple Sclerosis	100% of Benefit Amount	None
Muscular Dystrophy	100% of Benefit Amount	None
Myasthenia Gravis	100% of Benefit Amount	None
Parkinson's Disease (Advanced)	100% of Benefit Amount	None
Poliomyelitis	100% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	None
Systemic Sclerosis (Scleroderma)	100% of Benefit Amount	None
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit Amount
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit Amount

* Notes Regarding Covered Conditions

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- 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.
 - Coma
 - o Loss of: Ability to Speak; Hearing; or Sight
 - Paralysis
 - o Severe Burn



Health Screening Benefit

MetLife will provide an annual benefit of \$50 if employee elects \$15,000, or \$100 if employee elects \$30,000 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in all states.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$15,000.

Illness – Covered Condition	Payment	
Heart Attack — first verified diagnosis	Initial Benefit payment of \$15,000 or 100%	
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of \$15,000 or 100%	
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of \$15,000 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.

Questions & Answers

- Q. How do I enroll?
- A. Enroll for coverage on Workday.
- Q. Who is eligible to enroll for this critical illness coverage?
- A. You are eligible to enroll yourself and your eligible family members! 5 You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.
- Q. How do I pay for my critical illness coverage?
- A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.
- Q. What happens if my employment status changes? Can I take my coverage with me?
- **A.** Yes, you can take your coverage with you. ⁶ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.
- Q. What is the coverage effective date?
- A. The coverage effective date is 01/01/2026.
- 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 8:00 a.m. to 8:00 p.m., EST. Or visit our website: mybenefits.metlife.com.

¹ [For CA-sitused cases, coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate.] Some states require the insured to have medical coverage.

⁴ 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.



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.

⁵ Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

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 vary by state. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product 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, GPNP10-CI, GPNP14-CI, GPNP19-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



⁶ 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.