**Georgetown University** 

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	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. 1				
Dependent Child(ren) <sup>3</sup> 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. <sup>1</sup>				

# **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**<sup>4</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				
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				
Cancer Category						
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit				
Non-Invasive Cancer	50% of Benefit Amount	100% of Initial Benefit				
Skin Cancer	10% of Benefit Amount, but not less than \$250	100% of Initial Benefit, but not less than \$250				
Coronary Artery Disease Category						
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				
Childhood Disease Category						
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	
Heart Attack Category			
Heart Attack	100% of Benefit Amount	100% of Initial Benefit	
Sudden Cardiac Arrest	100% of Benefit Amount	NONE	
Infectious Disease Category			
For a benefit to be payable, the covered per	son must have been treated for the dise	ease in a hospital for 3 consecutive days.	
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	100% of Initial Benefit	
COVID-19	25% of Benefit Amount	100% of Initial Benefit	
Diphtheria	25% of Benefit Amount	100% of Initial Benefit	
Encephalitis	25% of Benefit Amount	100% of Initial Benefit	
Legionnaire's Disease	25% of Benefit Amount	100% of Initial Benefit	
Malaria	25% of Benefit Amount	100% of Initial Benefit	
Necrotizing Fasciitis	25% of Benefit Amount	100% of Initial Benefit	
Osteomyelitis	25% of Benefit Amount	100% of Initial Benefit	
Rabies	25% of Benefit Amount	NONE	
Tetanus	25% of Benefit Amount	100% of Initial Benefit	
Tuberculosis	25% of Benefit Amount	100% of Initial Benefit	
Kidney Failure Category			
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit	
Major Organ Transplant Category			
Major Organ Transplant For bone marrow, heart, lung, pancreas, and liver	100% of Benefit Amount	100% of Initial Benefit	
Progressive Disease Category			
ALS	100% of Benefit Amount	NONE	
Alzheimer's Disease	100% 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	
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE	
Severe Burn Category			
Severe Burn	100% of Benefit Amount	100% of Initial Benefit	
Stroke Category			
Stroke	100% of Benefit Amount	100% of Initial Benefit	
Transient Ischemic Attack	10% of Benefit Amount	100% of Initial Benefit	

### \* 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
  - Loss of: Ability to Speak; Hearing; or Sight
  - Paralysis
  - Severe Burn

**Health Screening Benefit**MetLife will provide an annual benefit of \$50 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. 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.<sup>6</sup> 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. 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*.



### **Insurance Rates**

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

**Uni-Tobacco** 

#### Premium per \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.28	\$0.53	\$0.66	\$0.92
25 - 29	\$0.28	\$0.57	\$0.68	\$0.98
30 - 34	\$0.39	\$0.80	\$0.78	\$1.18
35 - 39	\$0.55	\$1.13	\$0.94	\$1.51
40 - 44	\$0.81	\$1.68	\$1.20	\$2.07
45 - 49	\$1.23	\$2.52	\$1.62	\$2.89
50 - 54	\$1.78	\$3.65	\$2.17	\$4.04
55 - 59	\$2.49	\$5.16	\$2.87	\$5.55
60 - 64	\$3.60	\$7.47	\$3.98	\$7.85
65 - 69	\$5.42	\$11.28	\$5.81	\$11.67
70 - 74	\$8.22	\$17.01	\$8.62	\$17.40
75 - 79	\$12.43	\$25.54	\$12.81	\$25.93
80 - 84	\$19.13	\$38.89	\$19.52	\$39.28
85+	\$25.29	\$51.18	\$25.68	\$51.57

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

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. Please 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



<sup>&</sup>lt;sup>1</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered 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.

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

<sup>&</sup>lt;sup>4</sup> 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>&</sup>lt;sup>5</sup> Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>&</sup>lt;sup>6</sup> 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.