

**MetLife**



# CRITICAL ILLNESS INSURANCE

| An Insurance Option Brought to You by MetLife

Prepared For: Belk

ADF# CI690.14

# CRITICAL ILLNESS INSURANCE



**Critical Illness Insurance** provides coverage for specific critical illnesses and helps offset expenses not reimbursed by other types of insurance.



It is **not a replacement** for traditional medical or disability income insurance – rather it is a **complement** to these other coverages.

## MetLife's Critical Illness Insurance



Provides a **lump-sum payment** upon diagnosis verification

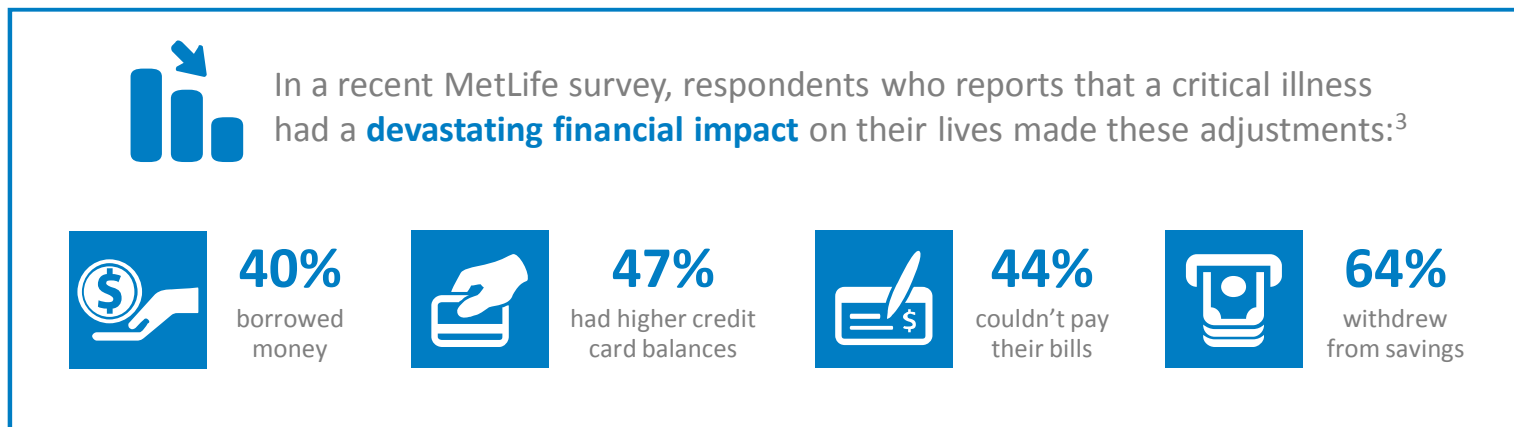
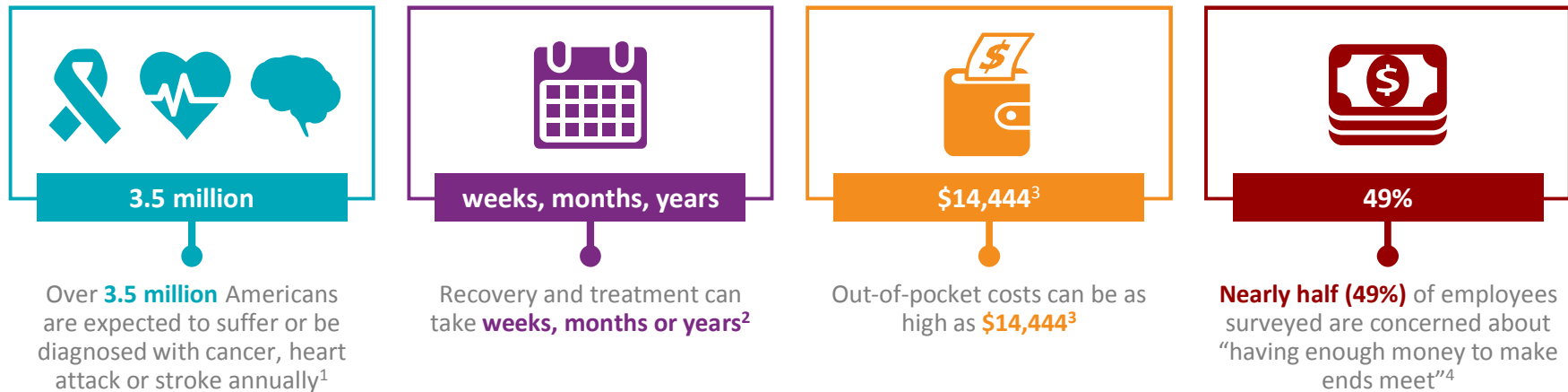


Is not reimbursement based so covered individuals only need to submit proof of a diagnosis



Allows covered individuals to use the lump-sum payment **the way they see fit**

# THE FINANCIAL IMPACT OF A CRITICAL ILLNESS



1. American Heart Association, Heart Disease and Stroke Statistics 2011; American Cancer Society, Cancer Facts & Figures 2012.  
2. www.cancer.org; www.heart.org; www.stroke.org; emedicine.medscape.com/article/324386-overview  
3. MetLife's Accident and Critical Illness Impact Study, 2013.  
4. MetLife's 10th Annual Employee Benefits Trends Study, 2012.

# COSTS OF SURVIVAL: THE OUT-OF-POCKET EXPENSES



## Expenses That May Not be Covered by Medical Plans

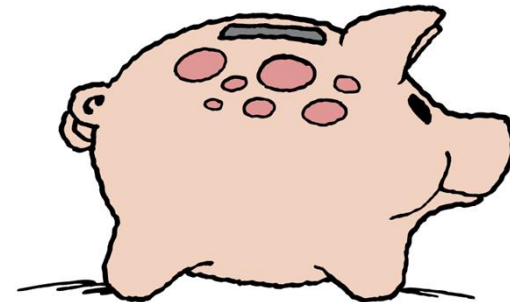
- Medical & prescription copays/deductibles
- Out of network treatments
- Experimental/non-traditional treatment



## Non-Medical Expenses

- Lost or reduced income
- Household expenses
  - Mortgage/rent
  - Car payments
  - Child care
  - Groceries

*Even With the Best Medical Coverage, Your Savings Could Still be Impacted*



# CRITICAL ILLNESS INSURANCE – GUARANTEED ACCEPTANCE

Your Critical Illness Insurance **enrollment is guaranteed**<sup>1</sup> provided you are actively at work.

## Eligible Individuals



✓ Employee

✓ Spouse

✓ Child(ren)<sup>2</sup>

Employee must enroll for the Spouse and/or Child(ren) to be eligible for coverage.

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. [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. Additional restrictions apply to dependents serving in the armed forces or living overseas.]
2. Dependent Child coverage varies by state. Please contact MetLife for more information.

# CRITICAL ILLNESS INSURANCE – COVERED CONDITIONS



## Conditions

- Full Benefit Cancer<sup>1</sup>
- Partial Benefit Cancer<sup>1</sup>
- Heart Attack
- Stroke<sup>2</sup>
- Kidney Failure
- Coronary Artery Bypass Graft (CABG)<sup>3</sup>
- Alzheimer's disease<sup>4</sup>
- Major Organ Transplant
- 22 Listed Conditions<sup>5</sup>




1. 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. For NH-sitused cases and NH residents, there is an initial benefit of \$100 for All Other Cancer.
2. In certain states, the Covered Condition is Severe Stroke.
3. In NJ sitused cases, the Covered Condition is Coronary Artery Disease.
4. Please review the Outline of Coverage for specific information about Alzheimer's disease.
5. MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for each of the 22 Listed Conditions until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each 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 erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

# CRITICAL ILLNESS INSURANCE – INITIAL BENEFIT AMOUNT

- You have a choice of a \$10,000 or \$20,000 Initial Benefit Amount
- Your Total Benefit Amount will be 3 times the Initial Benefit Amount you selected
- You can receive Initial and Recurrence Benefit<sup>1</sup> payments until your Total Benefit Amount is reached

## Example of Initial & Recurrence Benefit Payments<sup>2</sup>

The example below illustrates an employee who elected an Initial Benefit of \$10,000 and has a Total Benefit Amount of 3 times (or 300%) of the Initial Benefit Amount or \$30,000.

 Illness - Covered Condition	 Payment	 Total Benefit Remaining
<b>Heart Attack –</b> <i>first diagnosis</i>	Initial Benefit payment of <b>\$10,000 or 100%</b>	<b>\$20,000</b>
<b>Heart Attack –</b> <i>second diagnosis, two years later</i>	Recurrence Benefit payment of <b>\$5,000 or 50%</b>	<b>\$15,000</b>
<b>Kidney Failure –</b> <i>first diagnosis, three years later</i>	Initial Benefit payment of <b>\$10,000 or 100%</b>	<b>\$5,000</b>

1. Your plan pays a Recurrence Benefit equal to the Initial Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. 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. 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.
2. 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.

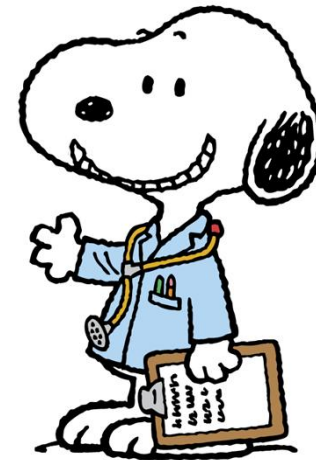
# CRITICAL ILLNESS INSURANCE – HEALTH SCREENING BENEFIT



MetLife provides an annual Health Screening Benefit\* of \$50 for taking one of the eligible screening/prevention measures. This coverage would be in addition to the Total Benefit Amount payable for previously mentioned Covered Conditions.

Health Screening Benefit

**\$50**



\* The 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 situated in CA and MT.



# CRITICAL ILLNESS INSURANCE – SIMPLE CLAIMS PROCESS

## Hassle-free, 3 step Claims Process

**Physician's Attachment**  
MetLife  
Critical Illness Insurance Claim - Physician Statement

Things to know before you begin:

- The patient submitting this Critical Illness Claim must complete Section 7 before going to a physician.
- Any fee charged by the physician for completing this form is the patient's responsibility.
- The physician must sign section 8E after completing the claim form.
- The physician must return the completed claim form and any attachments by fax or by mail to the address listed in the header of the claim form or directly to the patient.
- If you have questions, please call 1 800 GET MET 8.

**SECTION 7 - Patient Authorization & Signature**  
I authorize the release of any medical information necessary to process this claim.

Signed: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_  
Relationship to Insured: \_\_\_\_\_

**SECTION 8 - Information Needed From Your Physician/Provider**

**8A - Patient Information**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_

**8B - Condition Information**  
Check off the condition with which your patient was diagnosed / treated for:  
 Cancer  Heart Attack  Stroke  
 Coronary Artery Bypass Graft  Stroke  Stroke  Stroke

If the claimant is deceased, check here

CI-CIM-GENERIC-AN (PRT) 3 Is

**Critical Illness Insurance Claim Form**  
MetLife  
Metropolitan Life Insurance Company  
Attn: Critical Illness Insurance Product  
P.O. Box 808200  
Lincoln, NE 68521-0820  
Toll Free Phone: 1 800 GET MET 8 (1 800 438 6388)  
Fax Number: 1 800 356 7330

Things to know before you begin:

- If you are submitting a claim for a Critical Illness which you have not yet reported to us, please complete this claim form. Once we receive a completed claim form we consider this Critical Illness to have been reported to us. Return completed form by fax or mail.
- Anytime you are submitting a claim to us, please provide us with supporting documents from the provider related to the Critical Illness for which a claim is being made. This supporting documents must include: 1) the diagnosis, 2) pathology reports, surgical notes, lab results, or critical incidents that support the diagnosis of the covered condition and 3) the date of diagnosis.

**SECTION 1 - Certificateholder Information**  
Supply information about the certificateholder.

Certificateholder Name (First, Middle Initial, Last Name): \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Gender:  Male  Female Social Security Number: \_\_\_\_\_

Call Phone Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

EMAIL Address (optional): \_\_\_\_\_ Employer Name: \_\_\_\_\_

**SECTION 2 - Patient Information**  
Supply information about the patient.

Same as Section 1 (If you check this box, you do not need to complete this section. This may apply in Section 1.)  
 Different - (CI-CIM)

Patient Name (First, Middle Initial, Last Name): \_\_\_\_\_

Home Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Gender:  Male  Female Social Security Number: \_\_\_\_\_

Call Phone Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

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### STEP 1

## OPENING A CLAIM

Call 1-800-GET-MET8 –or– go to <https://mybenefits.metlife.com> to request a claims form via email, fax or mail. To officially open the claim, you need to submit a fully completed claims form including the physician statement.

### STEP 2

## PROCESSING A CLAIM

Within 3 days after receipt of a complete claims form including the physician statement, a Claims Acknowledgement Letter is mailed to you. An outbound call may be made to help collect any missing information.

### STEP 3

## PAYMENT

Within 10 business days after receipt of a complete claims form, a “clean” claim is fully processed<sup>14</sup> and payment is issued to you or the designated beneficiary.

*Experienced Customer Service Representatives are available to answer questions at any time throughout the claims process.*

14. Ten business days applies to clean claims—a claim submitted with all the required information necessary to process the claim; no missing information requiring additional follow up with the subscriber.

# CRITICAL ILLNESS INSURANCE

## QUESTIONS

Call 1-800-GET-MET8  
(1-800-438-6388)

Monday through Friday, 8 am – 8 pm, EST

A MetLife Customer Service Representative  
will be happy to answer any questions.

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 preexisting condition exclusion. In most states, after a covered condition occurs there is a benefit suspension period during which most plans do not pay recurrence benefits. 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 to CII 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.

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