

This benefit does not require annual enrollment

Critical Illness

Critical Illness Insurance is administered by MetLife and complements your existing medical coverage but does not replace it. The coverage pays a lump-sum payment of \$15,000. It is possible to receive a total of \$45,000 (see benefit payment example on page 24). You can use the benefit payment as you see fit.

Coverage

MetLife Critical Illness Insurance covers the following medical conditions and groups them into three distinct categories (as defined by the group certificate):

- Category 1 incorporates certain **cancer**-related conditions
- Category 2 incorporates certain **heart**-related conditions
- Category 3 incorporates certain **other** conditions

Category 1 — certain cancer-related conditions

- **Full Benefit Cancer** — Cancer that is invasive with metastasis (spread to other parts of the body) is usually determined to be Full Benefit Cancer*
- **Partial Benefit Cancer** — Cancer that is localized (and has not spread to other parts of the body) is usually determined to be Partial Benefit Cancer*
- **Bone Marrow Transplant**

Category 2 — certain heart-related conditions

- Heart Attack
- Stroke*
- Coronary Artery Bypass Graft*
- Heart Transplant

Category 3 — certain other conditions

- Major Organ Transplant (other than bone marrow and heart)
- Kidney Failure

You have the choice of enrolling yourself, your spouse and child(ren).

Eligible Dependents

You must enroll to receive coverage for your dependents. Eligible dependents include your spouse or unmarried dependent child(ren) up to age 26, regardless of student status. If you and your spouse are both eligible to elect this coverage as state agency, university or select community college employees, you both may elect to participate as employees, but only one may enroll for employee and family coverage. An employee may not be covered as both an employee and a dependent. For more information on dependent eligibility, refer to the “Dependent Eligibility” section.

Monthly Cost

Age	Employee Monthly Rate	Spouse Monthly Rate
<25	\$1.50	\$1.50
25 – 29	\$1.80	\$1.80
30 – 34	\$2.84	\$2.84
35 – 39	\$5.10	\$5.10
40 – 44	\$9.14	\$9.14
45 – 49	\$16.04	\$16.04
50 – 54	\$25.80	\$25.80
55 – 59	\$40.34	\$40.34
60 – 64	\$61.20	\$61.20
65 – 69	\$93.14	\$93.14
70 – 74	\$134.84	\$134.84
75 – 79	\$190.94	\$190.94
80 – 84	\$239.70	\$239.70
85+	\$257.54	\$257.54

Rates are based on five-year age bands and will increase when a covered person reaches a new age band. Visit www.ncflex.org to read the disclosure statement for details.

Dependent Child(ren) (All Ages)	Monthly Rate
Employee pays one flat rate no matter how many child(ren).	\$0.92 (per family unit)

Calculating Your Cost Example

Employee age is 43	\$9.14
Spouse age is 39	\$5.10
Three children (varying ages)	\$0.92
Total Monthly Premium	\$15.16

*For more information on the covered condition definitions, visit www.ncflex.org and review the disclosure statement or your individual Certificate.

*In certain instances, the covered condition is severe stroke.

Benefit Payment Example

The following is a payment example for anyone [employee, spouse or child(ren)] with the \$15,000 category benefit amount where all group policy and certificate requirements for coverage have been met:

Diagnosed Covered Condition	Category Impacted	Lump-Sum Benefit Payment Received	Category 1: Cancer Remaining Benefit	Category 2: Heart Remaining Benefit	Category 3: Other Remaining Benefit
You are diagnosed as having lung cancer	Category 1: Cancer	\$15,000	\$0	\$15,000	\$15,000
Two years later, you have a coronary artery bypass graft	Category 2: Heart	\$3,750	\$0	\$11,250	\$15,000
The following year, you suffer a debilitating stroke	Category 2: Heart	\$11,250	\$0	\$0	\$15,000
Three years later, you have kidney failure	Category 3: Other	\$15,000	\$0	\$0	\$0
		Total = \$45,000			

The above example illustrates that during the life of the Critical Illness Insurance certificate with a category benefit amount of \$15,000, it is possible to receive a total of \$45,000. This is the maximum amount you could get under a certificate with a \$15,000 category benefit amount. Once you have exhausted 100% of the category benefit amount in each of the three categories, which equals \$45,000, the coverage is terminated and your payroll deduction will stop.*

How Benefits are Paid

You can receive benefit payments in three different categories:

- If you are diagnosed with a covered condition in any of the three categories (cancer, heart, other) and meet the policy and certificate requirements, **you will receive a lump-sum benefit payment up to \$15,000.**
- The lump-sum benefit payment works like this:
 - For Coronary Artery Bypass Graft and Partial Benefit Cancer, you will receive 25% of the category benefit amount or \$3,750. The remaining 75% or \$11,250* will be available should you experience another covered condition within the same category.
 - For all other covered conditions, you will receive 100% of the category benefit amount or \$15,000, provided that you have not received a partial benefit payment for a covered condition in that same category.*
 - After 100% or the maximum of \$15,000 has been paid in any category, that category will close, and you will not receive additional payments for any other covered conditions within that category for your lifetime.
 - If you are later diagnosed with any other covered condition that falls within one of the two remaining categories, you can receive another lump-sum benefit payment up to \$15,000 for the same category.*
 - Once a \$15,000 category benefit payment has been paid in each of the three categories for a total of \$45,000, the coverage is terminated, and your payroll deduction will stop.

*There is a 180-day benefit suspension period between covered conditions in different categories. The benefit suspension period starts when a covered condition occurs. MetLife will not pay a benefit for another covered condition that occurs during this period if it is in a different category than the covered condition experienced at the start of the benefit suspension period. If a covered condition in a different category first occurs during the benefit suspension period, the next occurrence of that covered condition outside of the benefit suspension period will be treated as the first occurrence. The benefit suspension period does not apply within categories.

Evidence of Insurability (EOI)

During enrollment for the 2012 plan year, you will not need to answer any medical questions or provide EOI to receive this coverage.

Limitations and Exclusions

Waiting Period

There is a 30-day waiting period for all covered conditions.

The waiting period refers to the amount of time the covered person must be covered by the plan before benefits are eligible for payment. Such insurance will be void if the covered person experiences a covered condition during the waiting period, and all premiums paid will be refunded.

Did You Know...

Employees who feel strongly that their benefits reduce worry are more likely to report better health.

— 9th Annual Study of Employee Benefit Trends

Pre-Existing Condition Exclusion

A pre-existing condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts. We will not pay benefits for a covered condition that is caused by or results from a pre-existing condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

This is a partial listing of exclusions with the plan policy. Please refer to your Certificate of Insurance for a complete listing. If there are any discrepancies, the Certificate of Insurance shall govern. For residents of states other than North Carolina, coverage may vary. Please visit www.ncflex.org for more information.

Beneficiary

To designate a beneficiary, please visit www.ncflex.org or call MetLife at 1-800-GET-MET8 (1-800-438-6388) for the beneficiary designee form. If you were to become deceased and did not have a designated beneficiary, MetLife would pay out the claim based on the standard facility of payment clause.

Claims

If you need to file a claim, please visit www.ncflex.org or call MetLife at 1-800-GET-MET8 (1-800-438-6388) for a claim form.

Tax Issue

Whenever a benefit claim is paid, a 1099 tax form will be sent to your home address in January of the following year. You should consult with your tax advisor regarding the possible effects of the purchase and/or receipt of benefits under MetLife Critical Illness Insurance on certain other coverage or benefits that you might have or that you might obtain.

Certificate of Coverage

The Certificate of Coverage provides complete details about the benefit and the limits and exclusions. The certificate will be mailed to your home when you sign up for this new benefit or you can visit www.ncflex.org for a copy of your certificate.

Continuation

When your employment ends, you may elect to continue your coverage for yourself and your dependents at the current group rates. You need to apply for continuation of coverage within 45 days of your termination date. For the continuation of coverage forms, please visit www.ncflex.org or contact MetLife at 1-800-GET-MET8 (1-800-438-6388) for more information.

Compare Your Options: Cancer vs. Critical Illness coverage

Features	Cancer	Critical Illness
Benefit	Reimburses actual expenses up to a specified amount	Pays flat \$15,000 upon diagnosis
Covered Illnesses	Cancer and 29 specified diseases such as Multiple Sclerosis, Sickle Cell Anemia, Hepatitis and Lyme Disease	<ul style="list-style-type: none"> • Cancer • Heart Attack • Stroke • Major Organ Transplant • Kidney Failure • Coronary Artery Bypass Graft
Wellness Benefit	Yes	No
Dependent Coverage	Yes	Yes
Coverage Continuation	Portable/Continuation	Continuation
Rating Basis	Composite Rates (Flat rate for employee or family)	Rates based on 5-year age bands
Advantages	<ul style="list-style-type: none"> • Wellness benefit paid for annual cancer screenings • Benefits paid directly to the insured to be used at their discretion • Covers cancer and 29 other diseases • Benefits payable for the treatment of skin cancer • No lifetime maximum on most payable benefits 	<ul style="list-style-type: none"> • Covers multiple illnesses • Lump-sum benefit is available immediately upon diagnosis • Do not have to submit ongoing expense receipts • Pays even in the event of death • Benefits paid directly to the insured to be used at their discretion

The information in this guide is in abbreviated form only, and it is provided to give you a general understanding of your MetLife Critical Illness Insurance (CII) coverage. If the information in this guide differs from the information in the Certificate of Insurance, the Certificate of Insurance will govern. MetLife Critical Illness insurance is a limited 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. A more detailed description of the benefits, limitations and exclusions applicable to you may be found in the Disclosure Statement. Please contact MetLife for more information.