



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: Scottsdale Healthcare Corporation
Group Policy Form No: GPNP04-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT04-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under one or more of the Group Policies that have been issued to Scottsdale Healthcare Corporation. One Certificate is issued to each employee for each Policy under which the employee is covered. The Group Policies are **LIMITED POLICIES**. An employee applying for coverage under one or more of the Group Policies is referred to herein as "You" or "Your".

The Certificates provide critical illness coverage **ONLY**. They do not provide Medicare Supplement Coverage. Subject to the provisions of the Certificates, including limitations, exclusions and submission of proof of a covered condition, the Certificates provide limited benefits in the event that a covered person is diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a Certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under one or more of the Group Policies without consulting a legal advisor.

- 1) **READ YOUR CERTIFICATE(S) CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy(ies) and Certificate(s). This is not the insurance contract and only the actual provisions of the Group Polic(ies) and Certificate(s) under which You have coverage will control. Each Certificate sets forth in detail the rights and obligations of both You and MetLife under that Certificate. It is, therefore, important that You **READ EACH CERTIFICATE UNDER WHICH YOU HAVE COVERAGE CAREFULLY!**
- 2) **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if You are diagnosed with certain specified diseases for the first time ever in Your lifetime, or if You have certain specified surgeries for the first time ever in Your lifetime.
- 3) **MEDICAL COVERAGE REQUIRED** – The Policies do **NOT** provide any type of medical coverage and are not a substitute for medical coverage or disability insurance. You must have medical insurance in place to apply for coverage under one or more of the Group Policies.

4) BENEFITS OF YOUR POLICY

The Total Benefit Amount is the amount of Critical Illness Insurance Coverage You request and we subsequently approve under a Certificate for a covered person. Employees with coverage under more than one Certificate will have more than one Total Benefit Amount. We will never pay more under a Certificate than the Total Benefit Amount for that Certificate for all covered conditions combined per covered person per lifetime.

100% of the Total Benefit Amount is payable for:

- Heart Attack

- Kidney Failure
- Major Organ Transplant
- Stroke
- Full Benefit Cancer

25% of the Total Benefit Amount is payable for:

- Partial Benefit Cancer
- Coronary Artery Bypass Graft

Critical Illness Benefits

Heart Attack, Kidney Failure, Major Organ Transplant, Stroke, Full Benefit Cancer, Partial Benefit Cancer, and Coronary Artery Bypass Graft (the “Covered Conditions”) are the only diseases or surgeries for which a covered person may receive benefits under a Certificate. If a Covered Condition First Occurs for a covered person while the covered person is insured under a Certificate, and MetLife receives the required proof of the covered condition, the specified portion of the Total Benefit Amount for that Certificate will be paid. Either all or a portion of the Total Benefit Amount may be payable, depending on the Covered Condition. Benefits payable for each covered person under a Certificate will never exceed the Total Benefit Amount for that Certificate.

5) DEFINITIONS

First Occurs means, with respect to Kidney Failure, Heart Attack, Stroke, Full Benefit Cancer, or Partial Benefit Cancer, the first time ever in a covered person’s lifetime that:

1. the covered person experiences such Covered Condition; and
 2. the covered person is diagnosed with such Covered Condition.
- With respect to Coronary Artery Bypass Graft, First Occurs means the first time ever in the covered person’s lifetime that the covered person undergoes a Coronary Artery Bypass Graft.
 - With respect to Major Organ Transplant, First Occurs means the first time ever in the covered person’s lifetime that the covered person undergoes a Major Organ Transplant.

Total Benefit Amount means the maximum aggregate amount, as specified in the Schedule of Insurance, that we will pay under a Certificate for all Covered Conditions combined, per covered person, per lifetime. Employees with coverage under more than one Certificate will have more than one Total Benefit Amount.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a Board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:

- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Dependent means the following as defined in the Certificate(s): Your spouse, domestic partner, and/or dependent child.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;

- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arterosclerosis, spasm, thrombus or emboli.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- Immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
- a kidney transplant.

Major Organ Transplant means:

- the replacement of a covered person's entire heart, entire lung, entire pancreas, entire kidney or any combination thereof, with organ(s) from a human donor, which replacement is determined to be medically necessary by a physician in order to treat irreversible failure of such covered person's organ;
- the complete or partial replacement of a covered person's liver with a liver or tissue from a human donor, which replacement is determined to be medically necessary by a physician in order to treat irreversible failure of such covered person's liver; or
- the replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, which replacement is determined to be medically necessary by a physician who is board certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants (other than bone marrow transplant); or
- involving islet cell transplants.

We will not pay benefits for a diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis;
- any malignant tumor classified as less than T1N0M0 under TNM Staging;
- Chronic Lymphocytic Leukemia (CLL), less than Stage III, as defined by RAI classification; or
- any condition that is Partial Benefit Cancer.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Coronary Artery Bypass Graft performed outside the United States.

General Exclusions:

We will not pay benefits for Covered Conditions caused or contributed to by a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal activity;
- 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, unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits under a Certificate for any Covered Condition that does not First Occur for a covered person while the covered person is insured under that Certificate.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is Intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a Certificate:

- 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; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a Covered Condition that is caused by or results from a preexisting condition if the Covered Condition first occurs during the first 12 months that a covered person is insured under the Certificate. However, a Preexisting Condition does not include any sickness or injury for which there is no evidence that the sickness or injury actually existed before the Covered Person is insured under this Policy.

PLEASE NOTE: Each Certificate issued to an employee has its own Preexisting Condition Exclusion. If a person is covered under more than one Certificate, the Preexisting Condition Exclusion period applicable to one Certificate may or may not run simultaneously with the Preexisting Condition Exclusion period applicable to any other Certificate. The Preexisting Condition Exclusion period for each Certificate begins on the effective date of coverage under that Certificate.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

For each covered person, benefits payable under a Certificate for all Covered Conditions combined will not exceed the Total Benefit Amount under that Certificate that applies to that covered person. We will reduce what we pay for a claim so that the amount that we pay, when combined with amounts for all claims we have previously paid for the same covered person under the same Certificate, does not exceed the Total Benefit Amount that was in effect under that Certificate for the covered person on the date of the most recent covered condition.

Waiting Period

The Waiting Period applicable to each Certificate is:

- 90 days for Full Benefit Cancer and Partial Benefit Cancer;
- 30 days for all other Covered conditions.

All insurance under a Certificate with respect to a covered person will be void if the covered person:

- experiences a Covered Condition during the Waiting Period applicable to that Certificate; or
- exhibits symptoms, or any medical or physical conditions, during the Waiting Period applicable to that Certificate that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is Diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

Contributions You have paid for insurance under a Certificate that is voided under this section will be returned to You without interest, except if Your Dependent Child is the covered person whose insurance is void under this section, in which case contributions paid for that insurance will be returned to You only if there is no insurance remaining in effect for any Dependent Child under the same certificate. If You are the covered person whose insurance is void under this provision, any insurance for Your Dependents under the same Certificate will also be void.

PLEASE NOTE: Each Certificate issued to an employee has its own Waiting Period. If a person is covered under more than one Certificate, the Waiting Period applicable to one Certificate may or may not run simultaneously with the Waiting Period applicable to any other Certificate. The Waiting period for each Certificate begins on the effective date of coverage under that Certificate.

8) DEPENDENT INSURANCE

When You apply for insurance for Yourself, You may also apply for coverage for Your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for Your newborn children. To enroll a Dependent Child, that child must be under age 18. Once You have Dependent Insurance for at least one Dependent Child, if another child becomes Your dependent that child will automatically be covered. If you do not have Dependent Insurance in effect upon the birth or adoption of a child, such child will be covered automatically for the first 31 days after birth or adoption, by which time you must enroll the child and give written permission to deduct contributions from your pay for Dependent Insurance in order to continue coverage beyond the 31 day period.

9) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

THE EARLIEST OF:

Your insurance under a Certificate will end on the earliest of:

- the date the Group Policy under which that Certificate was issued ends;
- the date You die;
- the date insurance ends for Your class;
- the date the Total Benefit Amount under that Certificate has been paid for You;
- the end of the period for which the last full premium for that Certificate has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

DATE DEPENDENT INSURANCE ENDS:

THE EARLIEST OF:

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

- the date Your insurance under the certificate through which you have coverage for the Dependent ends;
- the date Dependent coverage ends for all employees or for Your class under the Group Policy through which you have coverage for the Dependent;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount under the Certificate through which you have coverage for the Dependent has been paid for that Dependent;
- the date You cease to be in a class that is eligible for Dependent coverage; or
- the end of the period for which the last full premium has been paid for the Dependent.

10) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for You and Your Dependents are also subject to change at other times as stated in each of the Group Policies.