

Frequently Asked Questions

Inside you'll find useful answers to some common insurance questions—and get to know us a little better at the same time.

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Accident Insurance

Coverage that helps pay for expenses that may not be covered under your medical plan.



What is accident insurance?

Accident insurance is a way for you to supplement your health care plan.

Accident insurance works to supplement your medical coverage — and pays in addition to what your medical plan may or may not cover. It's coverage that helps provide a financial cushion for life's unexpected events by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend however you like. It pays for the expenses of medical tests, services, treatments or care for one of more than 150 covered events, as defined in your group certificate. This includes hospitalization resulting from an accident, and accidental death or dismemberment.¹

Q. How does the payment work?

A. We make payments directly to you. The amount you receive will be in addition to any other insurance you might have, and you can spend it however you like. You might use it to help pay for medical plan deductibles and co-pays, out-of-network care, or even for your family's everyday living expenses. Whatever you need while recovering from an accident or injury, accident insurance is there to make life a little easier.

Q. Am I eligible to enroll for this coverage?

A. Yes, you can enroll both yourself and eligible family members.² All you need to do is enroll during your open enrollment period and be actively working. New hires are also eligible for coverage on the 1st of the month following your hire date with 31 days to enroll. Outside of the open enrollment/new hire period, you can only add or remove dependents if you experience a qualifying status change during the year. These events can include marriage/divorce, birth/death or adopting a child(ren).

Q. I have a medical plan at work, so why do I need accident insurance?

A. Accidents can happen anytime, anywhere and always when you least expect them. What's more, they can be costly.

Even the best medical plans can leave you with extra expenses to pay for services that just aren't covered. Things like plan deductibles, co-pays, extra costs for out-of-network care, or extra costs for non-covered services. Many people aren't prepared to handle these extra costs, so having this extra financial support when the time comes may mean less worry for you and your family.

Q. Is there a pre-existing exclusion limitation with this benefit?

A. There are no pre-existing exclusions. After the effective date, July 1st, the accident insurance plan will pay for the expenses of medical tests, services, treatments or care for one of the covered events that occurred on/after July 1st, as defined in your group certificate. This includes hospitalizations resulting from an accident, and accidental death or dismemberments.



Accident Insurance

Q. Can I enroll for this insurance without having a medical exam?

A. Yes. Your accident coverage is guaranteed,³ regardless of your health. You just need to be actively at work to be covered. There are no medical exams to take and no health questions to answer, so the whole process might be easier than you first thought.

Q. How much will it cost?

A. Accident insurance may cost less than you think. It's designed to be an economical way to supplement your health care plan. Exact rates can be found on the PittPerks enrollment site.

Q. How do I pay for my coverage?

A. You pay premiums through payroll deductions after taxes, so you don't have to worry about writing any checks or missing payments.

Q. When does my coverage begin?

A. Right away — your coverage starts on the effective date of your coverage. There are no waiting periods for it to begin.

Q. Are benefits paid directly to me or my health care provider?

A. Payments will be paid directly to you, not to the doctors, to the hospitals or to any other health care providers; the check is made payable to you. There's no need to coordinate this coverage with any other insurance you may have. Benefits are paid no matter what your other insurance plans may cover.

Q. If my employment status changes, can I take my coverage with me?

A. Yes. This coverage is portable, meaning you can take it wherever you go. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.⁴

Q. Can I use the benefit payment on anything I need?

A. Yes, you can use your payment as you see fit. Use it to help cover your medical insurance deductibles, co-pays, or household bills.

Q. Is the claims process simple?

A. Yes. Once we receive all the information, claims are generally processed within 10 business days. You only need one claim form per accident, and every claim is reviewed by a claims professional.⁵

Visit www.PittPerks.com

Questions? Call Corestream Customer Care: (888) 689-9696

Monday through Friday: 8:30am to 8:00pm ET.

Please note: Enrollment is passive; you can only enroll in or opt out of coverage during the open enrollment period.

1. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
2. Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
3. 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. Additional restrictions apply to dependents serving in the armed forces or living overseas.
4. 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.
5. Applies only to "clean" claims. A clean claim is a claim submitted with all the required information necessary to process the claim; no missing information requiring additional follow up with the subscriber. It generally takes 10 business days to process "clean" claims.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition limitation for hospital sickness benefits, if applicable. MetLife's Accident Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.





Critical Illness Insurance

Coverage that helps you and your family have the financial support to pay for some of the expenses of a serious illness that may not be covered under your medical plan.



What is critical illness insurance?

Payments may be used to help pay for expenses not covered by medical and disability income coverage.

Critical illness insurance works to supplement your medical coverage — and pays in addition to what your medical plan may or may not cover. It's coverage that helps provide financial support when you or a loved one becomes seriously ill. Upon verified diagnosis, it provides you with a lump-sum payment of the initial benefit. The payment you receive is yours to spend however you like.

Q. What happens if I have a recurrence?

A. If you meet the group policy and certificate requirements, critical illness insurance provides you with a lump-sum payment upon a verified diagnosis of these conditions:

- Cancer¹
- Coronary Artery Bypass Graft²
- Heart Attack³
- Stroke⁴
- 7 Childhood Diseases⁵
- Coma⁶
- 11 Infectious Diseases⁷
- Major Organ Transplant⁸
- Loss of: Ability to Speak; Hearing; or Sight⁶
- Paralysis⁶
- 6 Progressive Diseases⁹

Q. What's covered under this plan?

A. Your plan pays an additional benefit (Recurrence Benefit) if a medical condition reoccurs for: Benign Brain Tumor, Invasive Cancer, Non-Invasive Cancer, Heart Attack, a Stroke, a Coronary Artery Bypass Graft, and Coma. A recurrence benefit is only available if the initial benefit has already been paid for the covered condition.¹⁰ And there is a benefit suspension period (or waiting period) between recurrences.⁷ Also, a 90-day treatment-free period applies to Invasive and Non-Invasive Cancer.

Q. Am I eligible to enroll for this coverage?

A. Yes, you can enroll both yourself and your eligible family members.¹¹ All you need to do is enroll during your open enrollment period and be actively working. New hires are also eligible for coverage on the 1st of the month following your hire date with 31 days to enroll. Outside of the open enrollment/new hire period, you can only add or remove dependents if you experience a qualifying status change during the year. These events can include marriage/divorce, birth/death or adopting a child(ren).

Q. I have a medical plan at work, so why do I need critical illness insurance?

A. One of the hardest parts of managing illnesses like Cancer, a Heart Attack, or a Stroke is providing the support and comfort your family needs beyond the cost of care.

Even the best medical and disability income plans can leave you with extra expenses like medical plan deductibles and co-pays or extra costs for out-of-network care. And if you're out of work because of a disability, it might be that only a portion of your pre-disability income is being paid to you. Many people aren't prepared to handle the extra costs that can come with a critical illness, so having this extra cash lump sum payment may mean less worry for you and your family.

Q. Is there a pre-existing exclusion limitation with this benefit?

A. There is no pre-existing exclusion. If you meet the group policy and certificate requirements with a diagnosis on/after the effective date, July 1st, (or the 1st of the month following your hire date if enrolling as a new hire), critical illness insurance provides you with a lump-sum payment of the initial benefit upon a verified diagnosis of a covered condition.





Critical Illness Insurance

Q. Can I enroll for this insurance without having a medical exam?

A. Yes. Your critical illness coverage is guaranteed,¹² regardless of your health. You need to be actively at work to be covered. There are no medical exams to take and no health questions to answer, so the whole process might be easier than you think.

Q. Are there any other benefits payable under this critical illness insurance plan?

A. Yes. Early detection of a serious illness is important to your recovery. We provide you with an extra \$50 annual benefit per calendar year on top of your total benefit amount when you see your physician for eligible health screenings or prevention measures.¹³

Q. How do I pay for my coverage?

A. You pay premiums through payroll deductions after taxes, so you don't have to worry about writing any checks or missing payments.

Q. How much will it cost?

A. Critical illness insurance may cost less than you think. It's designed to be a way to supplement your health care and disability plans. Exact rates can be found on the PittPerks enrollment site.

Q. Are benefits paid directly to me or my health care provider?

A. Benefits will be paid directly to you, not to the doctors, to the hospitals or to any other health care providers. There's no need to coordinate with any other insurance you may have. Benefits are paid no matter what your other insurance plans may cover or pay.

Q. If my employment status changes, can I take my coverage with me?

A. Yes. This coverage is portable, meaning you can take it wherever you go. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.¹⁴

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1. Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
2. In certain states, the Covered Condition is Coronary Artery Disease.
3. 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.
4. In certain states, the Covered Condition is Severe Stroke.
5. Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes (Type 1), Down Syndrome, Sickle Cell Anemia, Spina Bifida.
6. Coma, Severe Burn, and Loss of: Ability to Speak; Hearing; Sight and Paralysis are not available in all states. Please review the Disclosure Statement or Outline of Coverage/ Disclosure Document for details.
7. COVID-19, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis
8. 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. Refer to the Certificate for which organs are covered. In some states, the condition is Major Organ Failure.
9. ALS, Alzheimer's Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease (Advanced), Systemic Lupus Erythematosus (SLE).
10. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for information on which Covered Conditions are 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. We will not pay a benefit for a Covered Condition that is subject to the Benefit Suspension Period. We will not pay a Recurrence Benefit for either Invasive Cancer or Non-Invasive Cancer unless the Covered Person has not had symptoms of or been treated for the Invasive Cancer or Non-Invasive Cancer for which we paid a benefit during the Treatment Free Period.
11. Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
12. 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.
13. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.
14. 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.

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 preexisting condition exclusion. There may be a Benefit Reduction Due to Age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. Issue Age 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, GPNP09-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.

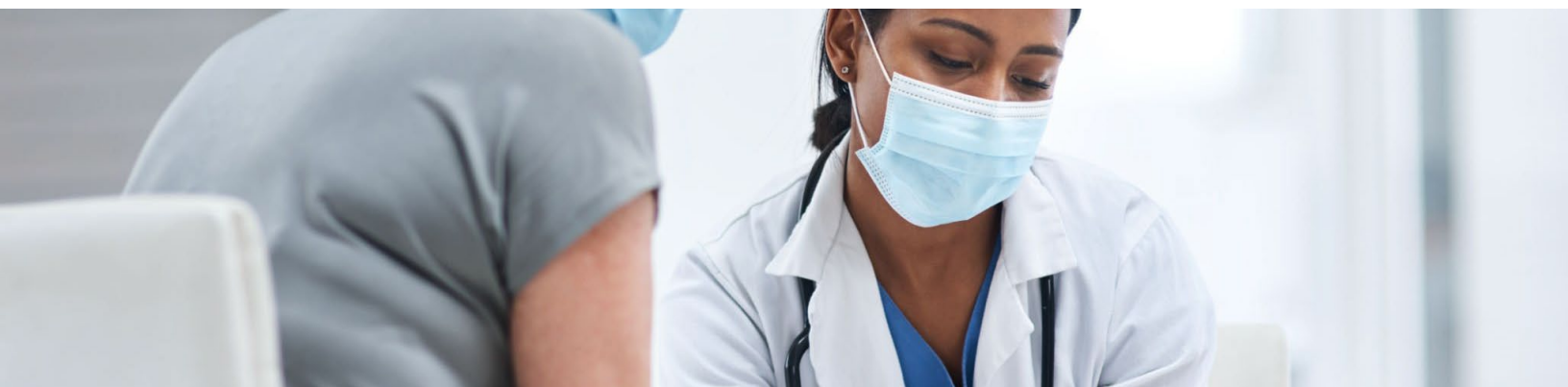
MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.





Hospital Indemnity Insurance

Coverage to help pay for expenses associated with a hospitalization that may not be covered under your medical plan.



What is hospital indemnity insurance?

Hospital indemnity insurance is designed to be a way for you to supplement your health care plan.

Hospital indemnity insurance works to supplement your medical coverage — and pays in addition to what your medical plan may or may not cover. It's coverage that can help safeguard your finances for life's unexpected events by providing you with a lump-sum payment (one payment all at once) when your family needs it most. The payment you receive is yours to spend however you like. It typically pays, as long as the policy and certificate requirements are met, a flat amount upon your hospital admission and a daily amount paid from each day of your stay (confined to the hospital).¹ It also provides payment if you're admitted to or have to stay in an Intensive Care Unit (ICU), as well as payment for receiving other services too.²

Q. How does the payment work?

A. We make payments directly to you. The amount you receive will be on top of any other payment you receive from insurance and you can spend it however you like. You might use the payment to help pay for medical plan deductibles and co-pays, for out-of-network care, or even for your family's everyday living expenses. Whatever you need while recovering from an illness or accident, hospital indemnity insurance is there to make life a little easier.

Q. Am I eligible to enroll for this coverage?

A. Yes, you can enroll both yourself and eligible family members. All you need to do is enroll during the open enrollment period and be actively working. Some dependents may be subject to medical restrictions as outlined in the Certificate.³ In addition, some states may require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. New hires are also eligible for cover age on the 1st of the month following your hire date with 31 days to enroll. Outside of the open enrollment/new hire period, you can only add or remove dependents if you experience a qualifying status change during the year. These events can include marriage/divorce, birth/death or adopting a child(ren).

Q. I have a medical plan through work, so why do I need hospital indemnity insurance?

A. Hospital stays can be pricey, and are often unexpected. Even the best medical plans can leave you with extra expenses to pay or certain services may not be covered (like plan deductibles, co-pays, extra costs for out-of-network care, or non-covered services). Many people aren't prepared to handle these extra costs. 67% of employees say that one of their top five sources of financial stress is having money to cover out-of-pocket medical costs,⁴ so having this hospital indemnity insurance may mean less worry for you and your family.

Q. Can I submit expenses related to observation in an emergency or for outpatient surgery?

A. No, the Admission Benefits is not payable for emergency room treatment or outpatient treatment. Admission and confinement benefits are payable once assigned to a bed as a resident inpatient in a hospital on the advice of a physician or confinement in an observation area within a hospital for a period of no less than 20 hours.



Hospital Indemnity Insurance

Q. Can I enroll for this insurance without having a medical exam?

A. Yes. Your hospital indemnity coverage is guaranteed,⁵ regardless of your health. You just need to be actively at work when you enroll. There are no medical exams to take and no health questions to answer, so the whole process might be easier than you first thought.

Q. How much will it cost?

A. Hospital indemnity insurance may cost less than you think. It's designed to be a way for you to supplement your health care plan. Exact rates can be found on the PittPerks enrollment site.

Q. How do I pay for my coverage?

A. You pay premiums through payroll deductions after taxes, so you don't have to worry about writing any checks or missing payments.

Q. When does my coverage begin?

A. Right away — coverage starts on the effective date. There are no waiting periods and admission/confinement will begin on or after effective date.

Q. Are benefits paid directly to me or my health care provider?

A. Payments will be paid directly to you, not to the doctors, to the hospitals or to any other health care providers. The check is made payable to you. There's no need to coordinate hospital indemnity insurance payments with any other insurance you may have. Benefits are paid no matter what your other insurance plans may cover.

Q. Is there a pre-existing exclusion limitation with this benefit?

A. There is no pre-existing exclusion. Once plan is effective, July 1st, hospital indemnity typically pays, as long as the policy and certificate requirements are met, a flat amount upon your hospital admission and a daily amount paid from each day of your stay (confined to the hospital). It also provides payment if you're admitted to or have to stay in an Intensive Care Unit (ICU), as well as payment for receiving other services. Date of admission must be on/after July 1st (or the 1st of the month following your hire date if enrolling as a new hire).

Q. If my employment status changes, can I take my coverage with me?

A. Yes. This coverage is portable, meaning you can take it with you wherever you go. Your coverage will only end if you stop paying your premium or if your current employer chooses to cancel the group hospital indemnity insurance policy.⁶

Q. Is the claims process simple?

A. Yes. Once we've received all the necessary information, claims are generally processed within 10 business days.⁷ You only need one claim form per admission or hospital stay and every claim is reviewed by a professional.

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- Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details. The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate for details.
- Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
- There are benefit reductions that begin at age 65.
- MetLife's 17th Annual U.S. Employee Benefit Trends Study 2019.
- 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. Additional restrictions apply to dependents serving in the armed forces or living overseas.
- 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.
- Applies only to "clean" claims. A clean claim is a claim submitted with all the required information necessary to process the claim and there is no missing information requiring additional follow up with the subscriber. It generally takes 10 business days to process "clean" claims.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

