



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

**POLICYHOLDER: MONROE COUNTY**  
**Group Policy Form No: GPNP07-CI**  
**(Referred to herein as the "Group Policy")**  
**Certificate Form No: GCERT07-CI**  
**(Referred to herein as the "Certificate")**

### **SPECIFIED DISEASE INSURANCE DISCLOSURE DOCUMENT**

Specified Disease Insurance coverage is provided under a group policy that has been issued to Monroe County. One certificate is issued to each employee who is covered under the group policy. The group policy is a **LIMITED POLICY**. An employee applying for coverage under the group policy is referred to herein as "you" or "your".

The certificate provides specified disease coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides 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 the group policy without consulting a legal advisor.

- 1) **READ YOUR CERTIFICATE CAREFULLY** – This disclosure document provides a very brief description of the important features of the group insurance coverage provided by the group policy and certificate. This is not the insurance contract and only the actual provisions of the group policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) **SPECIFIED DISEASE INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if the covered person has certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) **MEDICAL COVERAGE REQUIRED** – The policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You must have medical insurance in place to apply for coverage under the group policy.

#### **4) BENEFITS OF YOUR CERTIFICATE**

Heart Attack, Kidney Failure, Major Organ Transplant, Stroke, Full Benefit Cancer, Partial Benefit Cancer, Skin Cancer and Coronary Artery Disease (the "covered conditions") are the only diseases or surgeries for which a covered person may receive benefits under the certificate. Covered conditions are grouped into three categories, as shown in the table below. If a covered condition Occurs for a covered person while he or she is insured under the certificate proof of the covered condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below

for the covered condition, provided, however, that:

- a) we will never pay more with respect to any covered person than the Category Benefit Amount for all of the covered conditions listed in any one category;
- b) we will never pay more with respect to any covered person than the Annual Benefit Amount during any one calendar year; and
- c) we will never pay more with respect to any covered person than the Total Benefit Amount.

Category 1	Category 2	Category 3
Full Benefit Cancer Partial Benefit Cancer Skin Cancer	Heart Attack Stroke Coronary Artery Disease	Kidney Failure Major Organ Transplant

Either all or a portion of the Category Benefit Amount is payable, depending on the type of covered condition. If a portion of the Category Benefit Amount is paid for a covered person under the policy, the amount payable for any future claims for that person in that category will be reduced by the amount already paid.

We will reduce what we pay for a claim so that the amount we pay per calendar year, when combined with amounts for all claims we have previously paid for the same covered person during the same calendar year does not exceed the Annual Benefit Amount that was in effect for that covered person on the date of the most recent covered condition.

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

**100%** of the Category Benefit Amount is payable for:

- Heart Attack
- Kidney Failure
- Major Organ Transplant
- Stroke
- Full Benefit Cancer.

**25%** of the Category Benefit Amount is payable for Partial Benefit Cancer. Only one benefit is payable for Partial Benefit Cancer, per Covered Person, per lifetime.

**25%** of the Category Benefit Amount is payable for Coronary Artery Disease. No benefit for Coronary Artery Disease will be payable unless, while the covered person is insured under this certificate, either:

- the Coronary Artery Bypass Graft is actually performed; or
- no later than six months after the date of the Diagnosis of Coronary Artery Disease, the Covered Person dies.

Only one benefits is payable for Coronary Artery Disease, per Covered Person, per lifetime.

**\$250** is payable for Skin Cancer. Only one benefit for Skin Cancer is payable per covered person, per lifetime.

#### **Benefit Increases**

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

## 5) DEFINITIONS

**Annual Benefit Amount** means the maximum aggregate amount, as shown in the certificate, that we will pay for all covered conditions combined, per covered person, per calendar year.

**Benefit Increase** means a simultaneous increase in both the Category Benefit Amount and Total Benefit Amount.

**Category Benefit Amount** means the maximum aggregate amount, as shown in the certificate, that We will pay for all covered conditions combined in any category of covered conditions, per covered person, per lifetime, as provided under the certificate. There are three categories of covered conditions and they are shown in the Benefits of Your Certificate section of this Disclosure Document. There is only one Category Benefit Amount in effect at any time for each covered person.

**Coronary Artery Disease** means the blockage or narrowing of one or more coronary arteries due to atherosclerotic heart disease for which a physician has determined Coronary Artery Bypass Graft to be medically necessary.

**Coronary Artery Bypass Graft** means open heart surgery using venous or arterial grafts to bypass the blockage or narrowing of one or more coronary arteries. 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, 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 or the presence of one or more malignant tumors where there is metastasis.

**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 arteriosclerosis, spasm, thrombus or emboli.

**Kidney Failure** means the total, end stage, irreversible failure of both kidneys to function, provided that a physician 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 irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List of such transplant procedure has been performed; or
- the irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed.

**Maximum Benefit Amount** means the maximum amount of benefits for which an individual in an eligible class can apply under the group policy.

**Partial Benefit Cancer** means one of the following conditions:

- carcinoma in situ wherein the malignant tumor cells still lie within the tissue of the site of origin, without having invaded neighboring tissue; and
- tumors of the prostate classified as T1N0M0, including but not limited to T1aN0M0, T1bN0M0, or T1cN0M0 under TNM staging.

**Skin Cancer** means any malignant growth that arises on the surface of the skin that is a:

- basal cell carcinoma;
- squamous cell carcinoma;
- melanoma classified as Clarks Level I (melanoma in situ); or
- melanoma classified as Clarks Level II.

**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.

**Total Benefit Amount** means the maximum aggregate amount, as specified in the certificate, that we will pay for any and all covered conditions combined, per covered person, per lifetime, as provided under the certificate or any other certificate issued under the group policy.

**Transplant List** means the Organ Procurement and Transportation Network (OPTN) list.

## 6) EXCLUSIONS

### Exclusions Related to Covered Conditions:

We will not pay benefits for a Major Organ Transplant if the transplant procedure that has been determined to be medically necessary involves:

- stem cell generated transplants;
- 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 growths;
- any malignant tumor classified as less than T1N0M0 under TNM Staging;
- any Skin Cancers unless there is metastasis; 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 growths; or
- Skin Cancers.

We will not pay benefits for a diagnosis of Skin Cancer for any benign tumors, pre-malignant growths, dysplasia or intraepithelial neoplasia.

We will not pay benefits for Coronary Artery Disease if the Coronary Artery Bypass Graft is performed outside the United States, Canada or Mexico.

**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;
- voluntarily taking or using any drug, if the possession, use or taking of such drug violates federal law or the law of any jurisdiction in which the covered person possessed, used, or took such drug; or
- 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, Canada or Mexico, unless the diagnosis is confirmed in the United States, Canada or Mexico, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

We will not pay benefits for any covered condition that does not Occur for a covered person while the covered person is insured under the 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 At The Time of the Incident** means that a court of law has adjudged that at the time of the incident, the Covered Person's blood alcohol level was such that the Covered Person was intoxicated within the meaning of the laws of the jurisdiction in which the incident happened.

### **Preexisting Condition Exclusion**

A preexisting condition is a sickness or injury for which, in the 6 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice or treatment was recommended by, prescribed by or received from a physician.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

## **7) LIMITATIONS**

### **Reduction of Benefits On Account of Prior Claims Paid**

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

### **Waiting Period**

On the date a covered person's insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person experiences a covered condition during the waiting period.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person experiences a covered condition during the waiting period.

Contributions you have paid for any insurance 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 provision. If insurance for a Dependent Child is void under this provision, 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 certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 30 days for all covered conditions.

## **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. Once you have Dependent Insurance for at least one Dependent Child, if another child becomes your dependent that child will automatically be covered. For complete dependent enrollment information, please consult the Certificate of Insurance.

## **9) WHEN INSURANCE ENDS**

### **DATE YOUR INSURANCE ENDS:**

Your insurance will end on the earliest of:

- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the period for which the last full premium 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:**

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

- the date your insurance under the certificate ends;
- the date Dependent Insurance ends under the group policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount has been paid for that Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases insurance may be continued as stated in the section titled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. Please see that section for details.

## **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.



## Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

### Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

### Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

### Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

### How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at [www.mib.com](http://www.mib.com).

### Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on

what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

## **Sharing Your Information With Others**

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our "Using Your Information" section above

## **HIPAA**

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act ("HIPAA") may further limit how we may use and share your information.

## **Accessing and Correcting Your Information**

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

## **Questions**

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

**Send privacy questions to:**

MetLife Privacy Office, P. O. Box 489, Warwick, RI 02887-9954  
[privacy@metlife.com](mailto:privacy@metlife.com)

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

**Metropolitan Life Insurance Company**  
**General American Life Insurance Company**  
**SafeHealth Life Insurance Company**

**MetLife Insurance Company of Connecticut**  
**SafeGuard Health Plans, Inc.**

