

Critical Illness Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

The Lincoln Electric Company- Critical Illness

Critical Illness Insurance

Eligible Individual	Initial Benefit	Requirements
Coverage Options		
Employee	\$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse/Domestic Partner^{2*}	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹
Dependent Child(ren)^{3*}	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹

Benefit Payment

Your **Initial Benefit** provides a lump-sum cash payment upon the first verified diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ for the following Covered Conditions: Heart Attack⁶, Stroke⁷, Coronary Artery Bypass Graft⁸, Full Benefit Cancer⁵, and Partial Benefit Cancer⁵. 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. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$30,000 or \$60,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer ⁵	100% of Initial Benefit	100% of Initial Benefit
Partial Benefit Cancer ⁵	25% of Initial Benefit	25% of Initial Benefit
Heart Attack ⁶	100% of Initial Benefit	100% of Initial Benefit
Stroke ⁷	100% of Initial Benefit	100% of Initial Benefit
Coronary Artery Bypass Graft ⁸	100% of Initial Benefit	100% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁹	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit ¹⁰	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable



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22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person has a verified diagnosis of one of the 22 Listed Conditions. A Covered Person may only receive one payment for one 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.

Example of Initial & Recurrence Benefit Payments

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

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack — first verified diagnosis	Initial Benefit payment of \$10,000 or 100%	\$20,000
Heart Attack — second verified diagnosis, two years later	Recurrence Benefit payment of \$10,000 or 100%	\$10,000
Kidney Failure — first verified diagnosis, three years later	Initial Benefit payment of \$10,000 or 100%	\$0

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.

Supplemental Benefits

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit¹²

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per Covered Person, defined in the certificate, per calendar year.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at www.metlife.com/mybenefits

Q. Who is eligible to enroll?

A. Regular active full-time employees who are actively at work along with their spouse/domestic partner² and dependent children³ can enroll for MetLife Critical Illness Insurance coverage.³

Q. How do I pay for coverage?

A. Coverage is paid through payroll deduction.

Q. Will my rates increase?

A. Your premium is based on your Issue Age, meaning your initial rate is based on your age at the time your coverage becomes effective and your rates will not increase due to age.¹³



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Q. If I Leave the Company, Can I Keep My Coverage?¹⁴

A. Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

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.

² Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

³ Dependent Child coverage varies by state. Please contact MetLife for more information.

⁴ 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 Treatment Free Period.—

⁵ 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 groups and NH residents, there is an initial benefit of \$100 for All Other Cancer.

⁶ 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.

⁷ In certain states, the covered condition is Severe Stroke.

⁸ In certain states, the Covered Condition is Coronary Artery Disease.

⁹ Please review the Outline of Coverage for specific information about Alzheimer's disease.

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. Covered organs may vary by state; refer to the Certificate for details.

¹² The Health Screening Benefit is not available in certain states. In some states, there is a separate mammogram benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

¹³ The plan is guaranteed renewable and may not be canceled due to an increase in your age or a change in your health. Premium rates can only be raised as the result of a rate change made on a class-wide basis. MetLife's Issue Age product may include a Benefit Reduction Due to Age provision. Coverage is guaranteed renewable provided: (1) premiums are paid as required under the Certificate; and (2) in a situation where the Group Policy ends, it is not replaced by a substantially similar critical illness policy as described in the Certificate.

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 may vary by state. The plan may include a pre-existing condition exclusion. After a covered condition occurs, there is a benefit suspension period during which benefits will not be paid for a recurrence, except in the case of individuals covered under a New York certificate. MetLife's Issue Age CII is guaranteed renewable, and may include a Benefit Reduction Due to Age provision. Premium rates for MetLife's Issue Age CII are based on age at the time of the initial coverage effective date and will not increase due to age; premium rates for increases in coverage, including the addition of dependents' coverage, if applicable, will be based on the covered person's age at the time of the initial coverage effective date. Rates are subject to change for MetLife's Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable 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 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.