



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

**POLICYHOLDER: A.H. Belo Corporation
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT07-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a group policy that has been issued to A. H. Belo Corporation. 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 critical illness 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.

THE GROUP POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage 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) CRITICAL ILLNESS 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 You have 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

Bone Marrow Transplant, Heart Attack, Heart Transplant, 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 the certificate. Covered conditions are grouped into three categories, as shown in the table below. If a covered condition First 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; and
- b) 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 Bone Marrow Transplant	Heart Attack Stroke Coronary Artery Bypass Graft Heart Transplant	Kidney Failure Major Organ Transplant

Each time a covered condition for which the policy pays a benefit occurs, a benefit suspension period lasting 180 days starts. During the benefit suspension period, we will not pay a benefit for any covered condition that occurs if it is in a different category of covered conditions from the covered condition that started the benefit suspension period. If no benefit is paid for a covered condition because it first occurs during a benefit suspension period, we will treat the next occurrence (if any) of that covered condition after the benefit suspension period ends, as the first occurrence of that covered condition.

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, 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:

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

25% of the Category Benefit Amount is payable for:

- Partial Benefit Cancer
- Coronary Artery Bypass Graft

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

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

Benefit Suspension Period means the 180 day period following the date a covered condition, for which the certificate pays a benefit, occurs with respect to a covered person.

Bone Marrow Transplant means the irreversible failure of a covered person's bone marrow for which a physician has determined that the replacement of such covered person's bone marrow with bone marrow from the covered person, or another human donor is medically necessary.

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 Outline of Coverage. There is only one Category Benefit Amount in effect at any time for each covered person.

Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician 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 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, and/or dependent child.

First Occurs or First Occurrence means, with respect to each Covered Condition, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

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 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 arteriosclerosis, spasm, thrombus or emboli.

Heart Transplant means the irreversible failure of a covered person's heart for which a physician has determined that the complete replacement of such organ with an entire heart from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed.

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 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 or 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 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;
- 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.

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 certificate it replaces.

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 Bone Marrow Transplant involving bone marrow received from nonhuman donors.

We will not pay benefits for a Heart Transplant:

- performed outside the United States, unless the covered person was placed on the Transplant List prior to the Heart Transplant being performed;
- involving a heart received from non-human donors;
- involving implantation of mechanical devices or mechanical organs; or
- involving stem cell generated transplants.

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;
- involving islet cell transplants; or
- involving a heart being transplanted in combination with any other organ.

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 tumor in the presence of human immuno-deficiency virus (this exclusion is not applicable to Florida residents);
- any non-melanoma skin cancer unless there is metastasis;
- any malignant tumor classified as less than T1N0M0 under TNM Staging; 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 tumor in the presence of human immuno-deficiency virus (this exclusion is not applicable to Florida residents);
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

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 occupation;
- 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 for any covered condition that does not First 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 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 happened.

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, or before any Benefit Increase with respect to such covered person becomes effective 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 preexisting condition if the covered condition occurs during the first 12 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 12 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 your insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. If you experience a covered condition during such waiting period, your insurance will end on the date you experience the covered condition. The benefit we pay for a covered condition experienced by you during such waiting period will be limited to 10% of the amount that would be payable in the absence of this waiting period provision. We will also return any amount of premium paid to us for insurance under the certificate attributable to any period of time after the date of the covered condition.

On the date your spouse's insurance under this certificate becomes effective, a waiting period starts with respect to such insurance. If your spouse experiences a covered condition during such waiting period, insurance for your spouse under this certificate will end on the date your spouse experiences the covered condition. The benefit we pay for a covered condition experienced by your spouse during such waiting period will be limited to 10% of the amount that would be payable in the absence of this waiting period provision. We will also return any amount of premium paid to us with respect to your spouse for insurance under this certificate attributable to any period of time after the date of the covered condition.

On the date your Dependent Child's insurance under this certificate becomes effective, a waiting period starts with respect to such insurance. If your Dependent Child experiences a covered condition during such waiting period, insurance for such Dependent Child under the certificate will end on the date such Dependent Child experiences the covered condition. The benefit we pay for the covered condition will be limited to 10% of the amount that would be payable in the absence of this waiting period provision. If the Dependent Child who experienced the covered condition was the only Dependent Child covered under the certificate, we will also return any amount of premium paid to us for insurance under the certificate with respect to your Dependent Child attributable to any period of time after the date of the covered condition.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. If a covered person experiences a covered condition during the waiting period, the amount of the Benefit Increase payable to such covered condition will be limited to 10% of the amount of such Benefit Increase that would be payable in the absence of this waiting period provision, and such Benefit Increase will end with respect to such covered person.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, and 30 days for all other 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.