

What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Why should I consider it?

Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you. Coverage is always guaranteed issue. Your coverage goes with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing by the insurance company.

Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if they complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam. **Benefit is \$75 for employees, \$75 for spouses, \$75 per child.**

How many times can I receive this benefit?

You may receive a benefit payment for each different diagnosis of a covered condition shown on your Schedule of Benefits. (A definition of "different diagnosis" is provided in the certificate of coverage). There is no total maximum benefit amount or limit to the number of payments you may receive for each covered condition under your plan, except for skin cancer. For skin cancer, the benefit is payable up to 1 times per calendar year with a total benefit amount of 10 times the benefit amount you're enrolled in. Once the maximum for skin cancer has been reached, no further benefits are payable.

Who can be covered?

	Coverage Amount
You	\$10,000, \$20,000 or \$30,000
Your Spouse*	50% of the employee elected benefit amount
Your Children*	50% of the employee elected amount

* Spouses Coverage is available only if employee coverage is elected.

* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.

** Children birth to age 26 and as defined by your employer's plan. Coverage is available only if employee coverage is elected.

What conditions does it cover?

Base Module	% of Benefit
Heart Attack*	100%
Stroke	100%
Cancer	100%
Carcinoma In Situ	25%
Coronary Artery Bypass	25%
Major Organ Transplant** (includes End Stage Renal Failure)	100%
Sudden Cardiac Arrest*	100%

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver or any combination thereof, determined by a physician specialized in care of the involved organ.

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ADDITIONAL INFORMATION



Major Organ Module	% of Benefit
Type I Diabetes	100%
Severe Burns	100%
Transient Ischemic Attacks	10%
Ruptured or Dissecting Aneurysm	10%
Abdominal Aortic Aneurysm	10%
Thoracic Aortic Aneurysm	10%
Open Heart Surgery for Valve Replacement or Repair	25%
Transcatheter Heart Valve Replacement or Repair	10%
Coronary Angioplasty	10%
Implantable (or Internal) Cardioverter Defibrillator (ICD) Placement	25%
Pacemaker Placement	10%

Enhanced Cancer Module	% of Benefit
Benign Brain Tumor	100%
Skin Cancer	10%
Skin Cancer # payable per year / # lifetime maximum	1/10
Bone Marrow Transplant	25%
Stem Cell Transplant	25%

Quality of Life Module	% of Benefit
Permanent Paralysis	100%
Loss of Sight, Hearing or Speech	100%
Coma	100%
Multiple Sclerosis	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Parkinson's Disease	100%
Advanced Dementia including Alzheimer's Disease	100%
Huntington's Disease	100%
Muscular Dystrophy	100%
Infectious Disease***	25%
Polio	25%
Rabies	25%
Meningitis	25%
Lyme's Disease	25%
Bovine spongiform encephalopathy (Mad Cow Disease)	25%
Flesh eating bacteria	25%
Methicillin-resistant Staphylococcus aureus (MRSA)	25%
Sepsis	25%
Tuberculosis	25%
Bacterial pneumonia	25%
Diphtheria	25%

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*** Diagnosis of a severe infectious disease by a Doctor, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital or a transitional facility for 5 or more consecutive days.



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ADDITIONAL INFORMATION



Quality of Life Module	% of Benefit
Infectious Disease <i>continued***</i>	25%
Encephalitis	25%
Legionnaire's Disease	25%
Malaria	25%
Necrotizing Fasciitis	25%
Osteomyelitis	25%
Tetanus	25%
Ebola Virus Disease	25%
COVID-19	25%
Addison's Disease	10%
Myasthenia Gravis	50%
Systemic Lupus Erythematosus (SLE)	50%
Systemic Sclerosis (Scleroderma)	10%
Occupational HIV or Hepatitis B or C	0%

Childhood Conditions	% of Benefit
Cerebral Palsy	100%
Congenital Birth Defects	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Gaucher Disease, Type II or III	100%
Infantile Tay Sachs	100%
Niemann-Pick Disease	100%
Pompe Disease	100%
Type IV Glycogen Storage Disease	100%
Sickle Cell Anemia	100%
Type I Diabetes	100%
Zellweger Syndrome	100%

Additional Benefits	Benefit
Lodging:	\$100 per day
Transportation Benefit	\$100 per day
Child Care Benefit	\$50 per day



Specified Conditions Rider For Mental Illness and Neurodevelopmental Disorders

This provides you a benefit if you are diagnosed with and/or confined**** to a facility for covered specified conditions, such as a Depressive Disorder, Bipolar Disorder, Autism Spectrum Disorder Level 1, Autism Spectrum Disorder Level 2, Autism Spectrum Disorder Level 3 on or after your coverage effective date. Those who are covered under the Critical Illness Insurance policy are able to receive this benefit.

*Confined or Confinement means that on the advice of a Health Care Provider, your assignment to a bed as a resident inpatient in a Hospital, Rehabilitation Facility or Transitional Care Facility. Being admitted to an Observation Unit for 20 hours or more also meets the definition of Confined or Confinement. There must be a charge for room and board for the Confinement, other than in any government, military or veterans' facility or Observation Unit.

Specified Conditions Benefit Rider	Benefit
Autism Spectrum Disorder Level 1	\$500
Autism Spectrum Disorder Level 2	\$1,000
Autism Spectrum Disorder Level 3	\$4,000
All Other Specified Conditions	EE SP CH: \$250
Facility Confinement Benefit	EE SP CH: \$2,500

Infectious Condition Benefit Rider	Benefit
Infectious Condition Diagnosis Benefit - COVID-19	\$100
Infectious Condition Hospital Confinement Benefit - COVID-19	\$1,000

Plan Specifics	Terms
Rate Guarantee	48 Months
Plan Design	Per Diagnosis
Total Benefit Multiplier	Unlimited
Pre-Existing Conditions	Waived
Benefit Reduction	None
Separation Period Non-Cancer/Cancer	6 mos/6 mos

Plan Specifics	Terms
Lookback Period	None
Attained Age or Issue Age	Attained
Wellness	\$75 CH: 100%; no max
Wellness Waiting Period	0 Days
Portability	Included
Benefit Waiting Period	0 Days
Waiver of Premium	Not Included

What else is included?

For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Portability

If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.