



What is it?

Critical illness insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered illness.

Why is this coverage valuable?

Unexpected expenses can add up after a critical illness. This coverage provides cash to pay health insurance deductibles, transportation, childcare, and anything else you and your family need while you receive treatment and recover.

Your critical illness coverage

Eligibility description	All full-time and part-time benefit eligible employees
Contribution	You pay for the cost of your coverage.
Employee guaranteed coverage amount	\$50,000
Employee maximum coverage amount	\$50,000, in increments of \$5,000
Spouse guaranteed coverage amount	\$25,000
Spouse maximum coverage amount	\$25,000, in increments of \$5,000
Dependent children coverage	You can elect critical illness insurance for your dependent children in increments of \$2,500 to a maximum of \$12,500 (up to 50% of the employee coverage amount) when you choose coverage for yourself.
Covered conditions	
Heart attack	100%
Arterial/vascular disease	25%
Stroke	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
End state renal (kidney) failure	100%
Invasive cancer	100%
Noninvasive cancer (in situ)	25%
Skin cancer (other than melanoma)	\$500 per lifetime



Supplemental conditions	
AIDS	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced multiple sclerosis	25%
Advanced COPD	100%
Accidental injuries benefit	
Severe burns, permanent paralysis, or traumatic brain injuries (includes coma)	100%
Additional childhood conditions	
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 diabetes	100%
Health assessment/wellness benefit	
You receive a cash benefit every year you and any covered family members complete a single covered exam or screening.	\$50
Additional plan benefits	
Health advocate services	Included
Portability	Included

Benefit exclusions

Like any insurance, your critical illness policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover covered conditions or loss caused or contributed to by:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony; participation in a felony; committing a felony
- War or any act of war, declared or undeclared
- Participation in a riot, insurrection, or rebellion of any kind, active participation in a riot, insurrection, or rebellion, voluntary participation in a riot, insurrection, or rebellion, or participation in a riot or insurrection
- A covered condition sustained while residing outside the United States, U.S. territories, Canada, or Mexico for more than 12 months

Benefits won't be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest isn't payable if the event occurs during a medical procedure. This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.



Critical illness rate information

Option	Monthly rate
Employee and spouse rate	See rate tables below.
Child(ren) rate	\$0.255 per \$1,000 in covered benefit

Employee monthly rate per \$1,000:

Age range (attained age)	Premium monthly rate for non tobacco	Premium monthly rate for tobacco
0 – 24	\$0.133	\$0.142
25 – 29	\$0.190	\$0.209
30 – 34	\$0.261	\$0.302
35 – 39	\$0.384	\$0.578
40 – 44	\$0.664	\$0.884
45 – 49	\$0.910	\$1.355
50 – 54	\$1.236	\$2.164
55 – 59	\$1.685	\$3.140
60 – 64	\$2.286	\$4.737
65 – 69	\$3.201	\$7.045
70+	\$5.524	\$10.426

Spouse monthly rate per \$1,000:

Age range (attained age)	Premium monthly rate for non tobacco	Premium monthly rate for non tobacco
0 – 24	\$0.133	\$0.142
25 – 29	\$0.190	\$0.209
30 – 34	\$0.261	\$0.302
35 – 39	\$0.384	\$0.578
40 – 44	\$0.664	\$0.884
45 – 49	\$0.910	\$1.355
50 – 54	\$1.236	\$2.164
55 – 59	\$1.685	\$3.140
60 – 64	\$2.286	\$4.737
65 – 69	\$3.201	\$7.045
70+	\$5.524	\$10.426

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This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern. Benefits may vary by state, have limits on the number of services provided, or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

THIS IS A LIMITED POLICY. Policy is conditionally renewable.

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