



GROUP CRITICAL ILLNESS with CANCER

About 1 in every 6 healthcare dollars is spent on cardiovascular disease.

Chances are you know someone who's been diagnosed with a critical illness such as cancer, a heart attack (myocardial infarction), or stroke. You can't help but notice the strain it's placed on the person's life—both physically and emotionally. What's not so obvious is the impact on that person's personal finances. While the person is busy getting well, the bills may continue to pile up.

WOULD YOU HAVE THE MONEY TO COVER THE OUT OF POCKET EXPENSES SUCH AS:

- Transportation to a distant medical facility.
- Specialized treatment costs.
- Living expenses like rent, mortgage, and utility bills.

IT'S INSURANCE FOR DAILY LIVING:

- Pays a lump sum benefit for a covered critical illness: cancer, heart attack, and stroke.
- Spouse is eligible to sign up for 50% of what the employee chooses.
- Guaranteed issue for all employees up to \$30,000 in 2020 open enrollment!



Weekly Rates Per Paycheck

NONTOBACCO - Employee			
Age	\$30,000	\$20,000	\$10,000
18-29	\$3.44	\$2.47	\$1.49
30-39	\$5.07	\$3.55	\$2.04
40-49	\$9.07	\$6.22	\$3.37
50-59	\$16.86	\$11.42	\$5.97
60+	\$31.52	\$21.19	\$10.85

NONTOBACCO - Spouse			
Age	\$15,000	\$10,000	\$5,000
18-29	\$1.80	\$1.38	\$0.95
30-39	\$2.62	\$1.92	\$1.22
40-49	\$4.62	\$3.25	\$1.89
50-59	\$8.51	\$5.85	\$3.18
60+	\$15.84	\$10.74	\$5.63

Weekly Rates Per Paycheck

TOBACCO - Employee			
Age	\$30,000	\$20,000	\$10,000
18-29	\$4.49	\$3.17	\$1.84
30-39	\$7.43	\$5.13	\$2.82
40-49	\$13.77	\$9.35	\$4.94
50-59	\$26.69	\$17.97	\$9.24
60+	\$48.70	\$32.64	\$16.58

TOBACCO - Spouse			
Age	\$15,000	\$10,000	\$5,000
18-29	\$2.33	\$1.73	\$1.12
30-39	\$3.80	\$2.70	\$1.61
40-49	\$6.97	\$4.82	\$2.67
50-59	\$13.43	\$9.13	\$4.82
60+	\$24.43	\$16.46	\$8.49

GROUP CRITICAL ILLNESS with CANCER

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%
INSURED PLACED ON A TRANSPLANT LIST FOR A MAJOR ORGAN TRANSPLANT	25%
Severe Burn*	100%
Coma or Paralysis**	100%
Loss of Sight, Hearing, or Speech**	100%
Benign Brain Tumor	100%
Multiple Sclerosis or Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)	100%
Advanced Alzheimer's or Parkinson's Disease	25%
Childhood Diseases: Down Syndrome, Cleft Lip, Cleft Palate, Cystic Fibrosis or Type I Diabetes	50%
Childhood Autism Spectrum Disorder	\$3,000

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months, and the new critical illness is not contributed to or caused by a critical illness for which benefits have been paid.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months, and the new critical illness is not contributed to or caused by a critical illness for which benefits have been paid.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay for health screening tests performed while an insured's coverage is in force. We will pay this benefit \$75 once per calendar year. This benefit is not paid for dependent children.

The information in this Benefits Summary is presented for illustrative purposes and does not include the limitations and exclusions. The text contained in this summary was taken from the full plan description and benefit information. For the full schedule of benefits and outline of coverages, please see the brochures provided by your employer. In case of discrepancy between the summary and the actual plan documents, the actual plan documents will prevail. If you would like a copy of your outline of coverage, please call 1.800.433.3036