

EMPLOYEE CHOICE Critical Illness Plan

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Critical Illness supplemental benefit provides additional coverage for medical emergencies like heart attack, stroke, invasive cancer or ESRD. Critical Illness will pay a lump sum benefit as shown in the schedule upon the first diagnosis of a covered condition for each incident (including reoccurrence). Benefits are paid directly to the primary member and can be used however they choose.

or underwriting is required. Dependent children are covered from birth to 26 years old. Spouse includes common law marriage partner, domestic partner or civil union partner if legally recognized in the governing jurisdiction. No deductibles or coinsurance apply to this benefit.

Any loss not stated in the benefit information provision is not covered. Any doctor or hospital can be used but services must be received in the United States or its territories. Each critical illness must be diagnosed by a physician qualified to make such diagnosis. Claims for benefits not satisfying all the criteria for diagnosis may be subject to review by an independent physician consultant. Both individual and family coverages are available and no medical exam

If another employer sponsored critical illness plan was in place prior to this effective date, then pre-existing conditions and waiting period restrictions may be reduced in proportion to the previous policy.

	Option I	Option II
Maximum Basic Benefit Amount	\$10,000	\$20,000
Waiting Period	30 Days (applies to Invasive Cancer Only)	30 Days (applies to Invasive Cancer Only)
Pre-Existing Conditions Period	12 Months	12 Months
Benefit Eligibility for Pre-Existing Conditions	12 Months After Effective Date	12 Months After Effective Date
Benefit Termination Age	On the date the member turns age 70	On the date the member turns age 70
Benefit Coverage Amount	100% of Benefit Amount up to age 65 50% of Benefit Amount ages 65-70	100% of Benefit Amount up to age 65 50% of Benefit Amount ages 65-70
Covered Spouse	100% of Benefit Amount	100% of Benefit Amount
Covered Child(ren)	50% of Benefit Amount	50% of Benefit Amount

WELLNESS AND PREVENTATIVE CARE

Wellness Benefit \$50 once per year per employee and per spouse

SCHEDULE OF SPECIFIED DISEASE BENEFIT

Heart Attack	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal Failure	100%
Carcinoma in Situ	25%

RECURRENCE OF SPECIFIED DISEASE BENEFIT

Recurrence Benefits (limit 2) 50% of the initial schedule

LIMITATIONS & EXCLUSIONS

The Employee Choice Critical Illness Plan does not provide benefits for the following

IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. Looking for comprehensive health insurance? Visit [HealthCare.gov](https://www.healthcare.gov) or call [1-800-318-2596](tel:1-800-318-2596) (TTY: [1-855-889-4325](tel:1-855-889-4325)) to find health coverage options. To find out if you can get health insurance through your job, or a family member's job, contact the employer. Questions about this policy? For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

The plan does not provide benefits for:

- Claims for benefits received after the timely filing period of 12 months after first diagnosis.
- There is a 12/12 pre-existing exclusion. This means anything which was diagnosed within 12 months prior to the effective date of coverage, is not covered for the first 12 months of coverage.
- Any disease first diagnosed within the waiting period as showing in the schedule, immediately following the effective date. If tissue is extracted during the waiting period or prior to the effective date and results in a positive diagnosis of cancer, this will not be a covered condition. The date of a positive diagnosis of cancer will be considered to be the earlier of the date of clinical diagnosis or the date the specimen used to diagnose cancer is taken. If a positive diagnosis of cancer is made and/or cancer is treated within the waiting period or if medical advice is given within the waiting period which leads to the subsequent positive diagnosis of cancer after the waiting period, the member has the option to cancel their plan and received a refund of all contributions paid.
- Any amount in excess of any maximum benefit for covered conditions.
- Diseases or conditions that do not meet the definition of a covered condition in the plan
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state of jurisdiction in which the injury occurs.
- Loss resulting from being under the influence of drugs or narcotics unless administered on the advice of a Physician.
- Any act of war or participation in a riot, insurrection or rebellion.

DID YOU KNOW?

- ▶ Every 34 seconds, someone in the United States has a heart attack.
- ▶ Every 40 seconds, someone in the United States has a stroke.
- ▶ On average in 2016, someone died of stroke every 3 minutes 33 seconds.
- ▶ In 2022, there will be an estimated 1.9 million new cancer cases diagnosed and 609,360 cancer deaths in the United States.

Content Source: National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, American Cancer Society