



Critical Illness Plus with Cancer

CRITICAL ILLNESS BENEFIT

EMPLOYEE FACE AMOUNT

SPOUSE FACE AMOUNT

CHILD(REN) FACE AMOUNT

\$5,000 INCREMENTS UP TO \$50,000

100% OF EMPLOYEE'S FACE AMOUNT

50% OF EMPLOYEE'S FACE AMOUNT

PLAN FEATURES PERCENT OF FACE AMOUNT

| | |
|---|---------------------|
| Subsequent Critical Illness Diagnosis Benefit <i>Diagnosis of a different Critical Illness</i> | 100% after 0 Days |
| Recurrence Critical Illness Diagnosis Benefit <i>Diagnosis of the same Critical Illness</i> | 100% after 180 Days |
| Recurrence Cancer (invasive) Diagnosis Benefit | 100% after 180 Days |
| Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive) | 100% after 180 Days |
| Diagnosis of another cancer (invasive) or carcinoma in situ | |

CRITICAL ILLNESS BENEFIT

| Covered Illness | % of Face Amount | Covered Illness | % of Face Amount |
|--|------------------|---|------------------|
| CANCER (Invasive) | 100% | COMA | 100% |
| HEART ATTACK (Myocardial Infarction) | 100% | BENIGN BRAIN TUMOR | 100% |
| STROKE | 100% | THIRD DEGREE BURNS <i>10% of the body</i> | 100% |
| MAJOR ORGAN FAILURE | 100% | OCCUPATIONAL HIV | 100% |
| END-STAGE RENAL FAILURE | 100% | CLEFT LIP or CLEFT PALATE | 100% |
| PARALYSIS <i>60+ days*</i> | 100% | CYSTIC FIBROSIS | 100% |
| LOSS OF SIGHT (Blindness) <i>90+ days*</i> | 100% | DOWN SYNDROME | 100% |
| LOSS OF HEARING <i>90+ days*</i> | 100% | SPINA BIFIDA | 100% |
| LOSS OF SPEECH <i>90+ days*</i> | 100% | CEREBRAL PALSY | 100% |
| <i>*Must be consecutive days</i> | | <i>Plan Pays 50% for children</i> | |

ALZHEIMER'S DISEASE
ADVANCED AMYOTROPHIC LATERAL SCLEROSIS (ALS)
CORONARY ARTERY CONDITION REQUIRING BYPASS SURGERY
CORONARY ARTERY CONDITION REQUIRING ANGIOPLASTY
CARCINOMA in SITU
(non-invasive)

100%
100%
50%
30%
30%

Health Screening Benefit

(Maximum one per year, per insured)

\$75.00

LUPUS 25%
MUSCULAR DYSTROPHY 25%
HUNTINGTON'S DISEASE 25%
MALARIA 25%
NECROTIZING FASCIITIS 25%
RABIES 25%
TUBERCULOSIS (TB) 25%
POLIOMYELITIS 25%
CHOLERA 25%
ENCEPHALITIS 25%

PARKINSON'S DISEASE 25%
MULTIPLE SCLEROSIS 25%
ROCKY MOUNTAIN SPOTTED FEVER (RMSF) 25%
LEGIONNAIRE'S DISEASE 25%
MYASTHENIA GRAVIS 25%
OSTEOMYELITIS 25%
TETANUS 25%
SYSTEMIC SCLEROSIS (Scleroderma) 25%
DIPHTHERIA 25%
BACTERIAL MENINGITIS 25%

The above overview is for general information and discussion purposes only.

The information contained above should not be relied upon to determine coverage or benefits.





Bi-Weekly Premiums

AGE: < 30

30 – 39

40 - 49

50 - 59

60 - 74

| AMOUNT | EMPLOYEE | EE/SP | EMPLOYEE | EE/SP | EMPLOYEE | EE/SP | EMPLOYEE | EE/SP | EMPLOYEE | EE/SP |
|----------|----------|---------|----------|---------|----------|---------|----------|----------|----------|----------|
| \$5,000 | \$1.58 | \$3.32 | \$2.44 | \$5.04 | \$4.24 | \$8.66 | \$7.44 | \$15.12 | \$12.56 | \$25.38 |
| \$10,000 | \$2.46 | \$5.16 | \$4.16 | \$8.58 | \$7.76 | \$15.84 | \$14.18 | \$28.75 | \$24.42 | \$49.30 |
| \$15,000 | \$3.34 | \$7.02 | \$5.90 | \$12.14 | \$11.30 | \$23.00 | \$20.92 | \$42.40 | \$36.30 | \$73.20 |
| \$20,000 | \$4.22 | \$8.86 | \$7.62 | \$15.70 | \$14.82 | \$30.18 | \$27.66 | \$56.04 | \$48.16 | \$97.10 |
| \$25,000 | \$5.10 | \$10.70 | \$9.36 | \$19.24 | \$18.36 | \$37.36 | \$34.40 | \$69.66 | \$60.02 | \$121.02 |
| \$30,000 | \$5.96 | \$12.56 | \$11.10 | \$22.80 | \$21.90 | \$44.54 | \$41.14 | \$83.30 | \$71.88 | \$144.92 |
| \$35,000 | \$6.84 | \$14.40 | \$12.82 | \$26.36 | \$25.42 | \$51.72 | \$47.88 | \$96.94 | \$83.74 | \$168.84 |
| \$40,000 | \$7.72 | \$16.24 | \$14.56 | \$29.90 | \$28.96 | \$58.90 | \$54.62 | \$110.58 | \$95.60 | \$192.74 |
| \$45,000 | \$8.60 | \$18.10 | \$16.28 | \$33.46 | \$32.48 | \$66.06 | \$61.36 | \$124.22 | \$107.46 | \$216.64 |
| \$50,000 | \$9.48 | \$19.94 | \$18.02 | \$37.02 | \$36.02 | \$73.24 | \$68.10 | \$137.86 | \$119.32 | \$240.56 |