

Critical Illness \$30,000 Benefit Plan

With Skin Cancer Benefit

Critical Illness coverage provides the added layer of security you want and need when illness occurs— a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits : Help pay for out-of-pocket medical costs, prescriptions, hospital bills, X-rays, daily expenses, rent, food, or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Health screenings, such as a lipid panel or fasting glucose test.*
- You can take your coverage with you even if you leave your employer.¹
- Benefits for covered spouse are 100% and children are 50% of the amount shown below, except for Health Screening and Skin Cancer

Cancer Benefits

Benefit	Amount
Invasive Cancer	\$30,000
Treatment Free Period	3 months
Non-Invasive Cancer	\$7,500
Benign Brain Tumor	\$30,000

Vascular Benefits

Benefit	Amount
Heart Failure	\$30,000
Heart Attack (Myocardial Infarction)	\$30,000
Stroke	\$30,000
Coronary Artery Disease	\$15,000
Sudden Cardiac Arrest	\$30,000
Transient Ischemic Attack	\$7,500

Neurological Benefits

Benefit	Amount
Advanced Parkinson's Disease	\$30,000
Advanced Multiple Sclerosis	\$30,000
Motor Neuron Disease(i.e. ALS)	\$30,000
Advanced Dementia(i.e. Advanced Alzheimer's Disease)	\$30,000

Other Specified Illness Benefits

Benefit	Amount
Coma	\$30,000
Paralysis	\$30,000
Major Organ Failure	\$30,000
End Stage Renal Disease	\$30,000
Loss of Hearing	\$30,000
Loss of Speech	\$30,000
Loss of Vision	\$30,000
Bone Marrow/Stem Cell Transplant	\$7,500
Occupational HIV or Hepatitis B,C	\$7,500
Infectious Disease	\$7,500

Recurrence Benefits

Benefit	Amount
Recurrence Waiting Period	3 months
Invasive Cancer	100% of Previously Covered Benefit
Benign Brain Tumor	100% of Previously Covered Benefit
Heart Failure	100% of Previously Covered Benefit
Heart Attack (Myocardial Infarction)	100% of Previously Covered Benefit
Stroke	100% of Previously Covered Benefit
Coma	100% of Previously Covered Benefit
Major Organ Failure	100% of Previously Covered Benefit
Sudden Cardiac Arrest	100% of Previously Covered Benefit
Transient Ischemic Attack	100% of Previously Covered Benefit

Childhood Conditions

Benefit	Amount
Cystic Fibrosis	100% of child coverage
Muscular Dystrophy	100% of child coverage
Cerebral Palsy	100% of child coverage
Spina Bifida	100% of child coverage
Congenital Heart Disease	100% of child coverage
Cleft Lip/Cleft Palate	100% of child coverage
Congenital Chromosomal Abnormality	100% of child coverage

Additional Benefits

Benefit	Amount
Benefit Amount	\$7,500
Covered Benefits	Addison's Disease (Adrenal Hypofunction) , Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) , Cerebrospinal Meningitis (bacterial) , Cerebral Palsy , Cystic Fibrosis , Diphtheria , Encephalitis , Huntington's Disease (Huntington's Chorea) , Legionnaire's Disease , Malaria , Multiple Sclerosis , Muscular Dystrophy , Myasthenia Gravis , Necrotizing Fasciitis , Osteomyelitis , Poliomyelitis , Rabies , Sickle Cell Anemia (excluding Sickle Cell Trait) , Systemic Lupus Erythematosus (SLE) , Systemic Sclerosis (Scleroderma) , Tetanus , Tuberculosis

Other key features

Benefit	Amount
Health Screening* (per covered person, per calendar year)	\$50
Skin Cancer benefit, per member, once per lifetime	\$1000
Fertility Preservation	\$500
Additional occurrence of multiple conditions	Covered with 30 day separation period If both conditions are Vascular or both are Cancer. Otherwise, covered with no separation period.
Pre-Existing Conditions Limitation ²	None
Lifetime Benefit Maximum - Employee	\$750,000
Lifetime Benefit Maximum - Spouse	\$750,000
Lifetime Benefit Maximum - Children	\$375,000

*See flyer for complete listing of covered health screenings.

How to file claims

You can file claims online at <https://supplemental-health.anthem.com> or you can complete the claim form and file it by mail or fax. Contact us with any questions (888) 828-2432.

Biweekly Cost ³		Non-Tobacco Rates			
Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family	
18-24	\$1.24	\$2.80	\$1.24	\$2.80	
25-29	\$1.57	\$3.48	\$1.57	\$3.48	
30-34	\$2.22	\$4.77	\$2.22	\$4.77	
35-39	\$3.14	\$6.61	\$3.14	\$6.61	
40-44	\$4.69	\$9.70	\$4.69	\$9.70	
45-49	\$6.45	\$13.22	\$6.45	\$13.22	
50-54	\$9.54	\$19.42	\$9.54	\$19.42	
55-59	\$13.40	\$27.17	\$13.40	\$27.17	
60-64	\$19.70	\$39.78	\$19.70	\$39.78	
65-69	\$27.94	\$56.27	\$27.94	\$56.27	
70-74	\$44.35	\$89.10	\$44.35	\$89.10	
75-79	\$44.35	\$89.10	\$44.35	\$89.10	
80-84	\$44.35	\$89.10	\$44.35	\$89.10	

Biweekly Cost ³		Tobacco Rates			
Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family	
18-24	\$1.33	\$3.00	\$1.33	\$3.00	
25-29	\$1.79	\$3.91	\$1.79	\$3.91	
30-34	\$2.71	\$5.76	\$2.71	\$5.76	
35-39	\$4.19	\$8.71	\$4.19	\$8.71	
40-44	\$6.91	\$14.16	\$6.91	\$14.16	
45-49	\$10.41	\$21.18	\$10.41	\$21.18	
50-54	\$16.53	\$33.48	\$16.53	\$33.48	
55-59	\$24.96	\$50.38	\$24.96	\$50.38	
60-64	\$38.58	\$77.70	\$38.58	\$77.70	
65-69	\$56.39	\$113.38	\$56.39	\$113.38	
70-74	\$81.84	\$164.37	\$81.84	\$164.37	
75-79	\$81.84	\$164.37	\$81.84	\$164.37	
80-84	\$81.84	\$164.37	\$81.84	\$164.37	

Annual age redetermination on anniversary is calculated using date of birth on or before anniversary date.

Exclusions

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

General Limitations

Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable Benefit Separation Period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a Recurrence provision
- For which a covered person has already received a benefit payment under the Recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in a covered person's certificate.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

¹ Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

² Covered accidents or illness must occur after the effective date of coverage.

³ Actual deductions may vary slightly due to rounding and payroll frequency.

Group Critical Illness benefits provided by policy form SCI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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