

Specified Disease Insurance ●●●



THIS IS A LIMITED BENEFIT POLICY

FAMILY MATTERS. NO MATTER WHAT.®

Financial Protection for the Unexpected

- Includes Cancer benefit
- Initial occurrence
- Additional occurrence
- Reoccurrence
- Spouse coverage available
- Child coverage at no additional cost
- Health screening benefit

120 Royall Street, Canton, MA 02021 | 18135 Burke Street - Suite 120, Omaha, NE 68022

Approved for use in: Connecticut

ELIGIBILITY

Individual eligibility

All full-time employees, as defined by the master policy are eligible. If an employee is eligible, his/her spouse ages 18-69, is eligible for coverage.

Spouse coverage available

The employee may elect to apply for spouse coverage. Benefit amounts for the spouse are up to 50% of the employee amount. If the employee does not meet the underwriting requirements, the spouse may still be eligible for coverage. Spouse means a person of the opposite or same sex recognized as the insured's spouse/partner under the laws of the state.

Child coverage available

Each eligible child is covered at 25% of the primary insured amount at no additional charge. The definition of children may vary by state. Please review your certificate carefully.

Effective date of coverage

Coverage is effective on the date the application is signed, provided that the employee is actively at work and premiums for the coverage are paid.

Portability

You are eligible to keep this coverage if your employment ends or the plan terminates. Coverage will be continued at the same premium and coverage amounts then in force.

PLAN BENEFITS

Initial occurrence benefit

Lump sum benefits payable upon initial diagnosis of a covered Specified Critical Illness. Employee benefit amounts are available from \$5,000 to \$50,000.

Additional occurrence benefit

If an insured collects benefits for a Specified Critical Illness under the plan and later has one or more of the remaining covered illnesses/procedures, then we will pay the benefit amount for each additional covered Specified Critical Illness in the order the events occur.

Re-occurrence benefit

If an insured collects benefits for a covered condition and is later diagnosed with the same condition, we will pay the benefit again provided that the two dates of diagnosis are separated by at least six months. (*12 months treatment free for Cancer/ Carcinoma in situ*).

Covered Specified Critical Illnesses	Percent of Benefit
Cancer	100%
Carcinoma in situ	30%
Skin cancer	\$300 one-time (lifetime)
Heart attack (myocardial infarction)	100%
Coronary artery bypass surgery	30%
Angioplasty & stent insertion	30%
Stroke (apoplexy or cerebral vascular accident)	100%
Coma	100%
Paralysis	100%
Severe burns	100%
Major organ transplant	100%
Alzheimer's disease	100%
ALS (Lou Gehrig's Disease)	100%
Loss of sight/speech/hearing	100%
End stage renal disease	100%
Benign brain tumor	100%

Eligible children are also covered for the following childhood specified critical illnesses at 25% of the employee benefit amount:

- Cerebral palsy
- Cleft lip or palate
- Down syndrome
- Cystic fibrosis
- Spina bifida

All covered conditions are subject to the definitions found in the employee's certificate.

Specified Critical Illness

Tobacco/No Tobacco Premium Rates

Rates include the following: Specified Critical Illness including Cancer, Pre-Existing Condition Exclusion, and the \$50 Health Screening Benefit Rider. Spouse is eligible to apply for up to 50% of the employee amount. Includes 25% benefit for eligible children.

Employee Non-Tobacco Rates						Face Purchase – Biweekly Premiums				
Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$1.52	\$2.40	\$3.26	\$4.14	\$5.02	\$5.90	\$6.78	\$7.66	\$8.52	\$9.40
30 - 39	\$2.40	\$4.14	\$5.90	\$7.66	\$9.40	\$11.16	\$12.92	\$14.66	\$16.42	\$18.18
40 - 49	\$3.96	\$7.28	\$10.60	\$13.94	\$17.26	\$20.58	\$23.90	\$27.22	\$30.54	\$33.88
50 - 59	\$6.36	\$12.08	\$17.80	\$23.54	\$29.26	\$34.98	\$40.70	\$46.42	\$52.14	\$57.88
60 +	\$10.42	\$20.20	\$30.00	\$39.78	\$49.56	\$59.34	\$69.14	\$78.92	\$88.70	\$98.50

Employee Tobacco Rates						Face Purchase – Biweekly Premiums				
Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$1.84	\$3.04	\$4.24	\$5.44	\$6.64	\$7.84	\$9.04	\$10.24	\$11.44	\$12.64
30 - 39	\$3.46	\$6.26	\$9.08	\$11.90	\$14.72	\$17.54	\$20.34	\$23.16	\$25.98	\$28.80
40 - 49	\$6.50	\$12.36	\$18.22	\$24.08	\$29.94	\$35.80	\$41.68	\$47.54	\$53.40	\$59.26
50 - 59	\$11.26	\$21.86	\$32.48	\$43.10	\$53.72	\$64.34	\$74.96	\$85.56	\$96.18	\$106.80
60 +	\$19.46	\$38.30	\$57.14	\$75.96	\$94.80	\$113.64	\$132.46	\$151.30	\$170.12	\$188.96

Spouse Non-Tobacco Rates						Face Purchase – Biweekly Premiums				
Issue Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 29	\$1.08	\$1.52	\$1.96	\$2.40	\$2.82	\$3.26	\$3.70	\$4.14	\$4.58	\$5.02
30 - 39	\$1.52	\$2.40	\$3.26	\$4.14	\$5.02	\$5.90	\$6.78	\$7.66	\$8.52	\$9.40
40 - 49	\$2.30	\$3.96	\$5.62	\$7.28	\$8.94	\$10.60	\$12.26	\$13.94	\$15.60	\$17.26
50 - 59	\$3.50	\$6.36	\$9.22	\$12.08	\$14.94	\$17.80	\$20.66	\$23.54	\$26.40	\$29.26
60 - 69	\$5.52	\$10.42	\$15.32	\$20.20	\$25.10	\$30.00	\$34.88	\$39.78	\$44.68	\$49.56

Spouse Tobacco Rates						Face Purchase – Biweekly Premiums				
Issue Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 29	\$1.24	\$1.84	\$2.44	\$3.04	\$3.64	\$4.24	\$4.84	\$5.44	\$6.04	\$6.64
30 - 39	\$2.04	\$3.46	\$4.86	\$6.26	\$7.68	\$9.08	\$10.50	\$11.90	\$13.30	\$14.72
40 - 49	\$3.56	\$6.50	\$9.42	\$12.36	\$15.30	\$18.22	\$21.16	\$24.08	\$27.02	\$29.94
50 - 59	\$5.94	\$11.26	\$16.56	\$21.86	\$27.18	\$32.48	\$37.80	\$43.10	\$48.40	\$53.72
60 - 69	\$10.06	\$19.46	\$28.88	\$38.30	\$47.72	\$57.14	\$66.54	\$75.96	\$85.38	\$94.80

Health Screening Benefits - We will pay a \$50 benefit if an insured has any one of the covered screening tests. This benefit is paid only once per calendar year, regardless of the number of tests. This benefit is paid regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the policy remains in force. This benefit is payable for the covered employee (and spouse if spouse coverage is included). This benefit is not paid for dependent children. The covered health screening tests include:

Health Screening Test is defined as:

1. Stress test on a bicycle or treadmill
2. Fasting blood glucose test
3. Blood test for triglycerides
4. Lipid Panel (total cholesterol count)
5. Bone marrow testing
6. CA 15-3 (blood test for breast cancer)
7. CA 125 (blood test for ovarian cancer)
8. CEA (blood test for colon cancer)
9. Chest X-ray
10. Electrocardiogram (EKG)
11. Colonoscopy
12. Flexible sigmoidoscopy
13. Hemocult stool analysis
14. Mammography/Breast Ultrasound
15. Pap smear (including ThinPrep Pap Test)
16. PSA (blood test for prostate cancer)
17. Serum Protein Electrophoresis (blood test for myeloma)
18. Thermography
19. Oral Cancer screening using ViziLite OraTest or other similar test
20. Biopsy for Skin Cancer

LIMITATIONS & EXCLUSIONS

Waiting Period – This coverage contains a 30 day Waiting Period. This means no benefits are payable for any insured who has been diagnosed with a Specified Critical Illness during the Waiting Period until the Pre-existing Condition period expires. The Waiting Period starts on the Certificate Application Date. The Waiting Period is shown on the Certificate Schedule. If an insured is first diagnosed during the Waiting Period, you may elect to void the Certificate from the beginning and receive a full refund of premium.

PRE-EXISTING CONDITIONS LIMITATION – This plan contains a Pre-existing Condition Limitation. If a Pre-existing Condition results in a Specified Critical Illness claim during the first 180 days, starting from the Certificate Application Date, no benefits will be payable for that claim until the Pre-Existing Condition Period expires.

Pre-existing Condition means a sickness or physical condition which, within 180 days prior to the Certificate Application Date, resulted in medical advice or treatment.

We will not pay benefits for any condition or illness starting within the Pre-existing Condition Period from the Certificate Application Date which is caused by, contributed to, or resulting from a Pre-existing Condition. A claim for benefits for loss starting after the Pre-existing Condition Period from the Application Date of an Insured will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition. **A condition will no longer be considered Pre-existing at the end of the Pre-existing Condition Period.**

There are no benefits payable for any Specified Critical Illness where the date of diagnosis is prior to the Effective Date of this policy or diagnosed during the 30 day waiting period until the Pre-existing Condition period expires.

Exclusions – We won't pay for a loss due to:

1. Intentionally self inflicted injury or action while sane or insane.
2. Suicide or attempted suicide while sane or insane.
3. The voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by the Insured's Physician.
4. War - declared or undeclared or military conflicts, civil commotion or state of belligerence.
5. Participation (*the action or state of taking part*) in an insurrection or riot. For purposes of this exclusion, riot means a public act of violence by an unruly mob of three or more people acting together, who are out of control, endangering the physical safety of others and/or themselves, including damage to property.

ADDITIONAL INFORMATION – You have the right to return the Certificate within thirty (30) days of its delivery and have the premium refunded if, after examination of the Certificate, You are not satisfied for any reason.

When this coverage would otherwise terminate because you end employment/membership with the Policyholder or the Plan is terminated, you may elect to keep your coverage in force. The coverage You may continue is that which you had on the date your employment/membership terminated, including Spouse and Dependent coverage then in effect.

The rates shown can be changed annually. The Company will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

**This plan provides limited coverage. It is not Medical insurance or Medicare Supplement insurance.
It only pays benefits for the diagnosis of the specified diseases listed.**

Underwritten by:



120 Royall Street, Canton, MA 02021 • 18135 Burke Street - Suite 120, Omaha, NE 68022
For Claims Call Toll Free: 1-877-212-2950 • For Customer Service Call Toll Free: 1-877-624-2249

This brochure provides a general description of the important features of the policy/certificate. This brochure is not the insurance contract and only the actual policy/certificate provisions will control.

See certificate for detail regarding exclusions.

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