



## Group Critical Illness



Can your finances survive a serious illness? Maybe it's happened to someone you know. A sudden illness such as a heart attack, cancer or stroke with devastating physical and financial consequences.

- For those suffering a critical illness prior to age 65, the probability of surviving is almost twice that of dying.
- 1.5 million families lose their homes due to foreclosure every year due to unaffordable medical costs.
- One in three Americans are expected to get cancer in their lifetime.

How can critical illness insurance help? For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles and co-pays may quickly diminish savings. Critical illness insurance pays a fixed benefit upon diagnosis of a covered critical illness while you are living and when you may need it most.

The plan pays a fixed cash benefit amount. What you do with the money is all up to you.

- **Benefits** are paid directly to you to be spent any way you choose
- **Plan** is portable, you can take it with you at the same rates should you change jobs or retire.
- **Health Screening:** \$75 Wellness Benefit can be paid to you annually
- **Pays in addition to any other coverage you may have**
- **No health questions**
- **Fast and accurate claims service**

The additional financial protection you may need. Use the payment for what matters most. Everyone has different needs and different ways of coping with the unplanned. These benefits can help you pay for out-of-pocket medical and nonmedical costs such as:

- › Medical copays and deductibles
- › Travel to see a specialist
- › Child care
- › Help around the house
- › Alternative treatment



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## Group Critical Illness - Example

### Consider this:

When Marco had a heart attack, he was grateful that the doctors were able to stabilize his condition. But he learned that there was some permanent damage to his heart. Marco began to see his costs adding up quickly. Things such as medical deductibles, coinsurance and payments for his doctor visits were his responsibility. How does Marco pay his medical bills and other expenses?

Marco signed up for the Critical Illness plan and it cost him this per year:

#### Employee Only – Example age 43

\$15.00/month

x 12 months

= \$180 /yr

-\$75 Health Screening/Wellness benefit

Net=\$105 /yr

(Net = \$8.75 /month)

The plan paid Marco this much when he had a critical illness event:

### MARCO HAD A HEART ATTACK\*

#### Expenses

Medical Plan with a \$1,500 individual deductible:

› Plan annual deductible	\$1,500
› Coinsurance amount due	\$1,500
› HRA employer contribution fund	(-\$750)
› Other expenses not covered	\$500
<b>Total out-of-pocket</b>	<b>\$2,750</b>

#### Critical Illness plan

Lump-sum payment can be utilized for direct medical expenses or other indirect costs such as: ›

› Transportation

› Room and board

› Day care

› Medical copays and deductibles

**Total Critical Illness coverage paid = \$10,000**

Marco had signed up for Critical Illness coverage and received a lump-sum payment as a result of his heart attack. This decision allowed Marco to focus more on his recovery and less on how he was going to pay his medical bills.



Offered by Life Insurance Company of North America, a Cigna company

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# CRITICAL ILLNESS INSURANCE

## SUMMARY OF BENEFITS

**Critical Illness insurance provides a cash benefit when an insured person is diagnosed with a covered critical illness or event after coverage is in effect.**

### Who Can Elect Coverage?:

You: All active, full-time Employees of the Employer regularly working a minimum of 20 hours per week, who are United States citizens and permanent resident aliens, regularly working in the United States. Late applications require medical evidence of insurability.

You will be eligible for coverage immediately.

Your Spouse\*: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Is eligible as long as you apply for and are approved for coverage yourself.

### Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$10,000	Up to \$10,000
Spouse	50% of employee amount	Up to \$5,000
Children	25% of employee amount	All guaranteed issue

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

Covered Illnesses and Events		Benefit Amount %
Invasive Cancer	Uncontrolled/abnormal growth or spread of invasive malignant cells.	100%
Heart Attack	Includes two of the following that cause permanent loss of heart contraction function: 1) Chest pains. 2) EKG changes 3) Biochemical markers of heart tissue death.	100%
Stroke	Cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging with neurological deficits lasting 30 days or more.	100%
Kidney Failure	Chronic, irreversible. Requires hemo—or peritoneal dialysis.	100%
Major Organ Transplant	Includes: liver, lung, pancreas, kidney, or heart. Happens on first hospitalized day for surgery.	100%
Amyotrophic Lateral Sclerosis	(Also known as Lou Gehrig's Disease) motor neuron disease resulting in muscular weakness and atrophy.	100%
Paralysis	Complete, permanent loss of use of two or more limbs.	100%
Blindness	Irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less.	100%
Coronary Artery Disease (Surgery)	Heart disease/angina requiring coronary artery bypass surgery, as indicated by angiographic test results.	25%*
Carcinoma in Situ	Non-invasive malignant tumor.	25%*

\*If less than 100% of the benefit amount is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.

## Additional Benefits

Health Screening Benefit	Examples include (but are not limited to) mammography, bone marrow testing, pap smear (for women over age 18), breast ultrasound, colonoscopy, and certain blood tests. \$75
Additional Critical Illness Benefit	Benefit for the diagnosis of a subsequent and different covered condition. Payable after a 6 month Separation Period from diagnosis of 1st covered illness.
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same covered condition. Payable after a 12 month Separation Period from diagnosis of previous covered illness.

## Monthly Cost of Coverage: Benefit Amount: \$10,000

Age	Employee (EE)	Employee + Spouse (EE+SP)	Employee + Children (EE+CH)	Employee + Family (EE+F)
	Uni-Smoker	Uni-Smoker	Uni-Smoker	Uni-Smoker
<25	\$5.82	\$10.39	\$6.19	\$10.76
25 to 29	\$6.59	\$11.55	\$6.97	\$11.92
30 to 34	\$8.52	\$14.30	\$8.90	\$14.68
35 to 39	\$11.73	\$19.18	\$12.10	\$19.55
40 to 44	\$15.00	\$24.18	\$15.37	\$24.55
45 to 49	\$21.57	\$34.27	\$21.94	\$34.64
50 to 54	\$29.49	\$47.60	\$29.87	\$47.97
55 to 59	\$39.41	\$64.34	\$39.79	\$64.72
60 to 64	\$50.53	\$82.90	\$50.90	\$83.27
65 to 69	\$62.42	\$100.39	\$62.79	\$100.76
70 to 74	\$87.29	\$138.29	\$87.66	\$138.67
75 to 79	\$121.61	\$182.09	\$121.99	\$182.46
80 to 84	\$153.67	\$223.14	\$154.04	\$223.51
85 to 89	\$189.66	\$293.71	\$190.04	\$294.09
90 to 94	\$189.66	\$293.71	\$190.04	\$294.09
95+	\$189.66	\$293.71	\$190.04	\$294.09

Costs are subject to change, and may be different if certain benefits or riders are not available in certain resident states.

Benefits reduce by age according to the Age Based Reductions schedule.

Actual per pay period premiums may differ slightly due to rounding.

## Important Definitions and Policy Provisions:

**\* Domestic Partner** is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

**Covered Person:** An eligible person who is enrolled for coverage under this Policy.

**Covered Loss:** A loss that is one of the Covered Conditions suffered by the Covered Person within the applicable time period described in the Policy.

**When your coverage begins:** Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, the date you authorize any necessary payroll deductions., or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing, Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

**When your coverage ends:** Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

## Important Definitions and Policy Provisions — continued

**30 Day Right To Examine Certificate:** If an insured person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

**Portability Feature:** You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy for at least 12 months and be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100.

### Benefit Reductions, Exclusions and Limitations:

**Benefit Limits:** No more than one Benefit Amount will ever be paid per Covered Person (unless Additional Critical Illness Benefit or Recurrence coverage is also provided).

**Pre-Existing Condition Limitation:** In addition to any benefit-specific limitations, we will not pay benefits for a covered Critical Illness caused or contributed to by, or resulting from, a Pre-existing Condition. The term "Pre-existing Condition" means any Sickness or Injury for which an insured person received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or medicines or for which a reasonable person would have consulted a Physician within 12 months before the insured person's most recent effective date of insurance, and the most recent effective date of any added or increased amount of insurance.

The Pre-Existing Condition Limitation will apply to any added benefits or increases in benefits. This Limitation will not apply to a covered Critical Illness for which the Date of Diagnosis occurs after the insured person is insured under this Policy for at least 12 months after the insured person's most recent effective date of insurance, and effective date of any added or increased amount of insurance.

**Exclusions:** In addition to any benefit-specific exclusions, benefits will not be paid for any covered Critical Illness that is caused directly or indirectly, in whole or in part by any of the following: • intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a covered Critical Illness that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days); • voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant ("Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred). *Actual policy terms may vary depending on your plan design and location.*

### Specific Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied.

- **Invasive Cancer:** Excludes: skin cancers, unless metastatic disease develops or recurrence or metastasis of previously diagnosed cancers if Covered Person prior to be diagnosed while coverage is in force, has not gone 60 months of being treatment free.
- **Stroke:** Excludes: TIAs, brain injury from trauma/hypoxia/anoxia or hypotension, or eye and ear diseases/disorders.
- **Major Organ Transplant:** Limit: one benefit for multi-organ transplants.
- **Coronary Artery Disease (Surgery):** Excludes: angioplasty, stent implants, or related procedures. Limit: paid once per lifetime per Covered Person.
- **Carcinoma in Situ:** Excludes: skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ). Limit: paid once per lifetime per Covered Person.
- **Health Screening Benefit:** Limit: 1 health screening per year per Covered Person. The Benefit Waiting Period is 30 days following the effective date of the Health Screening Benefit rider.
- **Additional Critical Illness Benefit:** Limit: No more than one Benefit Amount and one Additional Benefit Amount will ever be paid per Covered Person; benefits for Coronary Artery Disease and Carcinoma in Situ are limited to once per lifetime per Covered Person. Unless otherwise stated, no benefits will be paid for a Covered Critical Illness that occurs during the Separation Period.
- **Recurrence Benefit:** Excludes: Invasive Cancer, Carcinoma in Situ, and Coronary Artery Disease.

### Guaranteed Issue:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing evidence of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable evidence of good health. If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable evidence of good health. Benefits may reduce by age. Pre-existing condition limitations may apply.

These are summarized definitions only. To be eligible for coverage, the covered illness or event must meet the definitions and other terms and conditions set forth in the group policy.