## **Voluntary Critical Illness Plan**

Insured by UnitedHealthcare

## How does it work?

The Critical Illness Protection Plan sends a lump-sum payment directly to you after diagnosis of a covered condition.

.....

## What's included?

The money is yours to use however you want, including paying for:

- Out-of-pocket health plan costs
- Mortgage or rent
- Groceries
- Prescriptions
- Treatment by a specialist
- Transportation to and from treatment

## **Covered Conditions**

#### **Base Conditions**

- Benign brain tumor
- Cancer
- Chronic Renal Failure
- Coma
- Coronary Artery Disease
- Heart Attack
- Heart Failure
- Major Organ Failure
- Permanent Paralysis
- Ruptured aneurysm
- Stroke

#### Additional Conditions

- Advanced Alzheimer's
- Advanced multiple sclerosis
- Advanced Parkinson's
- Amyotrophic lateral sclerosis (ALS)
- Complete blindness
- Complete loss of hearing

#### **Child-only conditions**

- Cerebral Palsy
- Cleft lip/palate
- Cystic fibrosis
- Down syndrome
- Muscular dystrophy
- Spina bifida

Critical Illness Protection Wellness Benefit - Up to \$100 per Year

Your Critical Illness Plan includes a wellness benefit that helps pay for preventive care and other health screenings. Refer to the plan document for eligible tests and screenings.

### **Program Rules**

- 1. Screenings must be completed during the calendar year.
- 2. A covered spouse can also earn a benefit
- The benefit will be paid for 1 test each calendar year, regardless of the test results. The benefit is paid in addition to any other payments you and/or your covered spouse receive under the policy.

Enrolling in a Critical Illness Protection Plan helps give you and your family more financial security if you or a covered family member is diagnosed with a covered illness.



# **Voluntary Critical Illness Plan**

Insured by UnitedHealthcare

Maximum Benefit Amount	Option A	Option B	Option C
Employee	\$10,000	\$20,000	\$30,000
Spouse	\$10,000	\$20,000	\$30,000
Child(ren)	\$5,000	\$10,000	\$15,000
	. ,	,	
Plan Provisions			
Reoccurrence Benefit**	Benefit paya	able for the sa	me Covered Condition
Cancer Reoccurrence Benefit	Benefit payable for the same Cancer Condition		
	category		
Portability	Included		
Covered Conditions		of Insured's	Maximum Benefit Amount
Osesse Osessittisme	Payable	_	
Cancer Conditions	100%		
Invasive Cancer	100%		
Non-invasive Cancer Skin Cancer	25% \$250		
Skin Cancer	\$Z50		
Vascular Conditions			
Coronary Artery Disease Minor (Stent or Angioplasty)	25%		
Coronary Artery Disease Major (Bypass Surgery)	50%		
Heart Attack	100%		
Ruptured Aneurysm	100%		
Stroke	100%		
Sudden Cardiac Arrest	100%		
Organ Failure Conditions			
Bone Marrow Disease	100%		
Chronic Renal Failure**	100%		
Heart Failure**	100%		
Major Organ Failure (Liver, Lung, Pancreas, Small Bowel)	100%		
Functional Loss Conditions			
Coma	100%		
Loss of Hearing**	100%		
Loss of Sight**	100%		
Loss of Speech**	100%		
Paralysis	100%		
Additional Conditions	259/		
Addison's Disease**	25% 100%		
Benign Brain Tumor Crohn's Disease**	25%		
	25%		
Myasthenia Gravis** Severe Burns**	25% 100%		
Systemic Lupus Erythematosus** Systemic Sclerosis (Scleroderma)**	25% 25%		
Childhood Disease Conditions** Cerebral Palsy	100% of Do	nendent Chik	Benefit
Childhood Diabetes		pendent Child pendent Child	
Cleft Lip / Palate		pendent Child	
Congenital Heart Disease		pendent Child	
Cystic Fibrosis		pendent Child	
		pendent Child	
Down Syndrome			
Muscular Dystrophy Sidda Call Anamia		pendent Child	
Sickle Cell Anemia		pendent Child	
Spina Bifida	TOU% OF De	pendent Child	



## **Voluntary Critical Illness Plan**

Insured by UnitedHealthcare

Neurological Disease Conditions (diagnosis only)**	
Alzheimer's Disease	25%
Amyotrophic Lateral Sclerosis (ALS)	25%
Huntington's Disease	25%
Multiple Sclerosis	25%
Parkinson's Disease	25%

Advanced Neurological Disease Conditions (loss of ADLs)	**
Advanced Alzheimer's Disease	100%
Advanced Amyotrophic Lateral Sclerosis (ALS)	100%
Advanced Huntington's Disease	100%

Advanced Huntington's Disease	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's Disease	100%

#### Additional Benefits Wellness Benefit

#### \$100 Payable Once per calendar year per Insured

Wellness Benefit Covered Exams Antibody or Serology testing Endoscopy At-Home Screening tests for Colon Cancer Fasting blood glucose test Biopsy Fasting plasma glucose (FPG) Blood Test for Cholesterol Flexible sigmoidoscopy Hemoccult stool analysis Blood test for triglycerides **Biometric Screenings** Hemoglobin A1C(HbA1c) HPV Testing Bone Density scans Lipid Panel Bone marrow testing Breast ultrasound Mammography Breast MRI Monoclonal Antibody Therapy CA 15-3 (blood test for breast cancer) Pap smear PSA (blood test for prostate cancer) CA 125 (blood test for ovarian cancer) CEA (blood test for colon cancer) Serum Protein Electrophoresis (blood test for myeloma) Chest X-ray Stress test on a bicycle or treadmill Colonoscopy Thin prep pap test Complete Blood Count Thermography Doppler screening for carotids Serum cholesterol test to determine level of HDL and LDL Doppler screening for peripheral vascular disease Virtual Colonoscopy Doppler Screening for abdominal aorta Wellness Fair Screening Echocardiogram Whole Body Skin Cancer Screening Electrocardiogram Routine Dental Exam/Cleaning Routine Comprehensive Eye Exam Routine Comprehensive Hearing Exam Routine Physicals Well-Child Exams (up to age 18) Genetic Testing Immunizations Benefit payable upon completion of a covered wellness exam or health screening test. per calendar year per Insured