

Plan Highlights

Group Critical Illness Insurance



Union Agener

COVERAGE

Critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

ELIGIBILITY

Employees: Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured for Dependents to be covered. Dependents are:

- ▶ Your legal spouse. Spouse must be under age 70 at date of application. Coverage terminates at age 75.
- ▶ Your dependent children* from birth to 26 years.

*natural, legally adopted, children dependent on Insured during waiting period before adoption, stepchildren, and foster children in Insured's custody

Age limit does not apply to handicapped children.

A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

Employee: \$20,000

Spouse: Choose from a minimum of \$5,000 to a maximum of \$20,000 in \$1,000 increments, not to exceed 100% of approved employee amount.

Dependent child(ren): \$5,000

GUARANTEED ISSUE

Employee: \$20,000

Spouse: \$20,000

Child: all child amounts are guaranteed issue

BENEFIT REDUCTION DUE TO AGE

(applicable to employee/spouse coverage)

Age	Original Benefit	Reduced To
70		50%

CONTRIBUTION REQUIREMENTS

Employee coverage is 100% employer paid.

Spouse & Dependent coverage is 100% employee paid.

RATES

See attached Rate Sheet.

FEATURES

- ▶ Enhanced- 100% of Insurance Amount for: Life Threatening Cancer, Heart Attack, Ruptured Cerebral, Carotid or Aortic Aneurysm, Stroke, Blindness, Coma, Kidney (Renal) Failure, Major Organ Transplant, Paralysis, Severe Brain Damage
- ▶ Partial- 25% of Insurance Amount for: Coronary Artery Bypass or Cancer in Situ
- ▶ Lifetime Maximum Benefit per Category- 200% of Insurance Amount
- ▶ Subsequent Occurrence Benefit-(Different Category of Critical Illness diagnosed 6 months or later)- 100% if Enhanced; 25% if Partial
- ▶ Recurrence Benefit-(Same Category of Critical Illness diagnosed 12 months or later)- 100% if Enhanced; 12.5% if Partial
- ▶ FMLA / MSLA Continuation
- ▶ Portability to employee age 70
- ▶ Wellness (Health Screening) Benefit- \$50

CRITICAL ILLNESS CATEGORIES

Category 1
Life Threatening Cancer - 100%
Cancer in Situ - 25%
Category 2
Coronary Artery Bypass - 25%
Heart Attack - 100%
Ruptured Cerebral
Carotid or Aortic Aneurysm - 100%
Stroke - 100%
Category 3
Blindness - 100%
Coma - 100%
Kidney (Renal) Failure - 100%
Major Organ transplant - 100%
Paralysis - 100%
Severe Brain Damage - 100%

EXCLUSIONS

A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; a Critical Illness Diagnosed outside of the US unless confirmed within the US; or a Heart Attack that occurs within 24 hours of a medical procedure.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9401-0111, et al.

Voluntary Critical Illness Insurance

Monthly Premiums

SPOUSE	
Benefit Amount	Age 0 – 29
\$5,000	\$ 6.50
\$6,000	\$ 7.80
\$7,000	\$ 9.10
\$8,000	\$ 10.40
\$9,000	\$ 11.70
\$10,000	\$ 13.00
\$11,000	\$ 14.30
\$12,000	\$ 15.60
\$13,000	\$ 16.90
\$14,000	\$ 18.20
\$15,000	\$ 19.50
\$16,000	\$ 20.80
\$17,000	\$ 22.10
\$18,000	\$ 23.40
\$19,000	\$ 24.70
\$20,000	\$ 26.00

CHILD(REN)	
Benefit Amount	Monthly Premium*
\$5,000	\$2.05

* One premium covers all eligible children in the family

You may not have coverage as both an employee and as a dependent.