

Critical Illness Insurance

Eligibility	Employee – Must work minimum 20 hours per week Spouse (includes domestic partners) – Employee must be enrolled Children (eligible up to age 26, regardless of student status) – Employee must be enrolled		
Funding	100% Employee paid		
Coverage Amounts	Plan A Employee: \$10,000 Spouse: \$5,000 Child(ren): \$5,000	Plan B Employee: \$20,000 Spouse: \$10,000 Child(ren): \$5,000	
Coverage Election	Employee Only Employee & Spouse	Employee & Child Employee & Family	
Guaranteed Issue Amount	Equal to benefit amount		
Participation	1 enrolled life		
Rate Structure	Attained Age Uni-tobacco rates Employee age used for Spouse 5 year age bands		
Rate Guarantee Period	2 years		
Benefits	Lump sum benefit for a covered person diagnosed with any of the following covered illnesses while insurance is in effect, subject to any pre-existing condition limitation.		
Covered Illnesses	Cancer Invasive Cancer (100%) Non-Invasive Cancer (25%) Benign Brain Tumor (100%) Vascular Heart Attack (100%) Heart Transplant (100%) Coronary Artery Bypass (25%) Angioplasty/Stent (25%) Stroke (100%) Aneurysm (25%)	Other Major Organ Transplant (100%) End Stage Renal Failure (100%) Bone Marrow Transplant (25%) Coma (100%) Paralysis (100%) Loss of Vision (100%) Loss of Hearing (100%) Loss of Speech (100%) Advanced Parkinson's (100%) Amyotrophic Lateral Sclerosis (ALS or "Lou Gehrig's") (100%) Advanced Multiple Sclerosis (MS) (100%)	Child Specified Cerebral Palsy (100%) Congenital Heart Disease (100%) Cystic Fibrosis (CF) (100%) Muscular Dystrophy (100%) Spina Bifida (100%)
Benefit Separation Period	Different/Non-related illness – None Related illness – 30 days		
Coverage Maximum	Employee/Spouse: 500%; Child(ren): 300%		
Recurrence Benefit	100%; 12 months separation period		
Health Screening Benefit	\$50 once per year for each covered person		
Pre-Existing Conditions Limitation	6 Months Lookback/ 6 Months Continuously Insured		
Portability	Included		
Enrollment Type	Annual Open Enrollment		

Critical Illness Rates

PLAN A

Attained Age Uni-Tobacco Monthly Premium Rates for \$10,000 Coverage Amount

Age	Employee	Employee & Spouse	Employee & Child	Family
18-24	\$6.23	\$10.11	\$12.52	\$17.44
25-29	\$7.56	\$12.12	\$13.36	\$18.87
30-34	\$8.43	\$13.45	\$13.36	\$19.19
35-39	\$10.59	\$16.68	\$15.03	\$21.85
40-44	\$14.61	\$22.88	\$18.60	\$27.53
45-49	\$22.33	\$34.85	\$26.22	\$39.39
50-54	\$30.80	\$47.99	\$34.56	\$52.38
55-59	\$41.78	\$65.09	\$45.52	\$69.45
60-64	\$58.53	\$91.05	\$62.23	\$95.35
65-69	\$79.70	\$123.31	\$83.39	\$127.61
70-74	\$105.40	\$162.73	\$109.09	\$167.03
75-79	\$137.22	\$211.05	\$140.91	\$215.36
80 +	\$156.85	\$241.29	\$160.54	\$245.60

PLAN B

Attained Age Uni-Tobacco Monthly Premium Rates for \$20,000 Coverage Amount

Age	Employee	Employee & Spouse	Employee & Child	Family
18-24	\$10.83	\$17.03	\$17.12	\$24.36
25-29	\$13.38	\$20.82	\$19.18	\$27.57
30-34	\$15.07	\$23.36	\$19.99	\$29.10
35-39	\$19.35	\$29.78	\$23.79	\$34.95
40-44	\$27.28	\$41.90	\$31.27	\$46.55
45-49	\$42.61	\$65.61	\$46.50	\$70.14
50-54	\$59.52	\$91.85	\$63.29	\$96.24
55-59	\$81.48	\$126.01	\$85.22	\$130.37
60-64	\$114.98	\$177.94	\$118.67	\$182.24
65-69	\$157.32	\$242.45	\$161.01	\$246.76
70-74	\$208.72	\$321.29	\$212.41	\$325.59
75-79	\$272.36	\$417.94	\$276.05	\$422.24
80 +	\$311.60	\$478.42	\$315.29	\$482.72

Rates are based on the attained age of the Employee and increase as he/she enters each new age category. Rates/benefits may be changed on a class basis.

The services described are only an overview of the entire benefit package. For a more detailed description of benefits and terms, including any limitations and exclusions, refer to the carrier documents that will be provided to the member upon enrollment.