

Critical Illness

Helping protect you and your family with lump sum coverage



Critical Illness/Cancer voluntary coverages pay benefits to you

With our Critical Illness and Cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need Critical Illness and Cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can use the benefit however you want:

- Make your mortgage payments.
- Hire extra help around the house, such as in-home caregivers.
- Help cover medical bills as well as therapy and training.
- Pay for travel to treatment facilities away from home – and for family visits.

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other associated costs.

Here's how it works

All benefit payments are made directly to you, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You will save on your premiums because coverage through your employer typically is less expensive than purchasing on your own, and you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

Benefits and Features Conditions

Covered Conditions	Percent Payment
Cardiac Benefits	• Myocardial Infarction 100%
	• Coronary Heart Disease 25%
	• Sudden Cardiac Arrest 100%
Cerebral Vascular Disease Benefit	• Stroke 100%
	• Ruptured Brain Aneurysm 10%
	• Transient Ischemic Attack 10%
Cancer	• Invasive 100%
	• Non-Invasive 25%
	• Skin Cancer \$250
	• 30 day waiting period Waived
Other Specified Illness Category	• Benign Brain Tumor 100%
	• Major Organ Failure 100%
	• End Stage Renal Failure* 100%
	• Coma 100%
	• Severe Burns 100%
	• Permanent Paralysis* 100%
	• Functional Loss of Hearing* 100%
	• Functional Loss of Speech* 100%
	• Functional Loss of Sight* 100%
• Occupational HIV/Hepatitis* 100%	

*not eligible for recurrence benefit.

Additional Occurrence Benefit	Included
Pre-existing Condition Limitation	12/12
Waiver of Premium for Disability	After 180 days
Portability	Included
Benefit Reduction	None

Union Elected Optional Benefits

Recurrence	Included
Wellness Screening	\$50
Infectious Disease	25% Benefit per condition. Covered Conditions: <ul style="list-style-type: none"> • Cerebrospinal Meningitis • Malaria • Encephalitis • Legionnaire's disease • Necrotizing Fasciitis • Osteomyelitis • Tuberculosis
Childhood Condition Benefit not eligible for recurrence benefit	25% Benefit per condition. Covered Conditions: <ul style="list-style-type: none"> • Cerebral Palsy • Cleft Lip/Cleft Palate • Cystic Fibrosis • Down Syndrome • Spina Bifida • Type 1 Diabetes
Progressive Disease not eligible for recurrence benefit	100% Benefit per condition. Covered Conditions: <ul style="list-style-type: none"> • ALS (Lou Gehrig's Disease) • Multiple Sclerosis • Advanced Dementia (including Alzheimer's) • Advanced Parkinson's

Benefit Definitions

ADDITIONAL OCCURRENCE BENEFIT: once benefits have been paid for a Critical Illness, a benefit is paid for an additional different Critical Illness when; 1) the Date of Diagnosis for the new Critical Illness is separated from the prior Critical Illness by at least six (6) consecutive months, and 2) the new Critical Illness is not caused by a Critical Illness for which benefits have been paid, and 3) a benefit is not paid for more than one Critical Illness within a six (6) month period.

PRE-EXISTING CONDITION LIMITATION: If an Employee has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations.

WAIVER OF PREMIUM FOR DISABILITY: This waives an Employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. Total Disability must start while policy is in force, for employees ages 18-55.

PORTABILITY: Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer Actively at work for the Union. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Union's Master Policy. Insured's policy terminates at age 70, dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates the ported Certificate terminates.

Optional Benefit Definition(s):

RECURRENCE: This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least 12 months.

WELLNESS SCREENING: Pays a cash benefit when an Employee has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.

INFECTIOUS DISEASE BENEFIT: Pays a benefit when a Covered Person has been diagnosed by a Physician with an Infectious Disease. An Infectious Disease means the following infectious or contagious diseases that are caused by organisms, such as bacteria, viruses, fungi, or parasites.

CHILDHOOD CONDITION BENEFITS: Pays a benefit upon a covered dependent child's initial date of diagnosis on or after the policy effective date for one of the childhood conditions listed.

PROGRESSIVE DISEASE: Pays a benefit when a covered person is unable to perform two or more Activities of Daily Living due to one of the Progressive Diseases listed in the offer above. These must be diagnosed by a Physician after the effective date of this policy.