

## CRITICAL ILLNESS

### **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

### **Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596**(TY: 1-855-889-4325) to find health coverage options.
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### **Questions about this policy?**

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## Critical Illness \$10,000 Plan

With Skin Cancer Benefit

Critical Illness coverage provides the added layer of security you want and need when illness occurs— a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits : Help pay for out-of-pocket medical costs, prescriptions, hospital bills, X-rays, daily expenses, rent, food, or transportation.

**Key features:**

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Health screenings, such as a lipid panel or fasting glucose test.
- You can take your coverage with you even if you leave your employer.<sup>1</sup>
- Benefits for covered spouse are 50% and children are 50% of the amount shown below, except for Health Screening and Skin Cancer

**Cancer Benefits**

Benefit	Amount
Invasive Cancer	\$10,000
Non-Invasive Cancer	\$2,500
Benign Brain Tumor	\$5,000

**Vascular Benefits**

Benefit	Amount
Heart Transplant	\$10,000
Heart Attack (Myocardial Infarction)	\$10,000
Severe Stroke	\$10,000
Coronary Artery By-Pass Surgery	\$10,000
Aneurysm	\$10,000

**Other Specified Illness Benefits**

Benefit	Amount
Coma	\$10,000
Paralysis	\$10,000
Major Organ Transplant	\$10,000
End Stage Renal Disease	\$10,000
Loss of Hearing	\$10,000
Loss of Speech	\$10,000
Loss of Vision	\$10,000

**Recurrence Benefits**

Benefit	Amount
Recurrence Waiting Period	6 months
Invasive Cancer	100% of Previously Covered Benefit
Benign Brain Tumor	100% of Previously Covered Benefit
Heart Transplant	100% of Previously Covered Benefit
Heart Attack (Myocardial Infarction)	100% of Previously Covered Benefit
Severe Stroke	100% of Previously Covered Benefit
Coma	100% of Previously Covered Benefit
Major Organ Transplant	100% of Previously Covered Benefit

**Childhood Conditions**

Benefit	Amount
Cystic Fibrosis	\$10,000
Muscular Dystrophy	\$10,000
Cerebral Palsy	\$10,000
Spina Bifida	\$10,000
Congenital Heart Disease	\$10,000

**Other key features**

Benefit	Amount
Health Screening (per covered person, per calendar year)	\$50
Preventive Care Benefit	\$25, per covered person, per calendar year
Skin Cancer benefit, per member, once per lifetime	\$250
Additional occurrence of multiple conditions	Covered with 30 day separation period If both conditions are Vascular or both are Cancer. Otherwise, covered with no separation period.
Pre-Existing Conditions Limitation	None
Lifetime Benefit Maximum - Employee	\$250,000
Lifetime Benefit Maximum - Spouse	\$125,000
Lifetime Benefit Maximum - Children	\$125,000

**How to file claims**

You can file claims online at <https://supplemental-health.anthem.com> or you can print a claim form from that website and file it by mail or fax. Contact us with any questions: In California (800) 604-4381; in upstate New York (800) 608-3813; in downstate New York (800) 604-5379; if you are in any other state, please call (888) 828-2432.

**Monthly Cost<sup>3</sup>**

**Non-Tobacco Rates**

Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	\$2.50	\$6.02	\$6.08	\$8.98
25-29	\$3.30	\$7.00	\$6.72	\$9.96
30-34	\$3.90	\$7.70	\$7.16	\$10.66
35-39	\$5.00	\$9.25	\$8.19	\$12.21
40-44	\$7.00	\$12.16	\$10.07	\$15.12
45-49	\$10.60	\$17.15	\$13.26	\$20.11
50-54	\$14.00	\$22.76	\$16.86	\$25.72
55-59	\$18.00	\$30.84	\$22.01	\$33.80
60-64	\$24.40	\$43.25	\$30.00	\$46.21
65-69	\$34.60	\$58.53	\$39.95	\$61.49
70-74	\$46.30	\$79.43	\$53.54	\$82.39
75-79	\$59.30	\$104.88	\$70.28	\$107.84
80-84	\$75.00	\$120.70	\$80.64	\$123.66

**Monthly Cost<sup>3</sup>**

**Tobacco Rates**

Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	\$2.50	\$6.30	\$6.26	\$9.26
25-29	\$3.90	\$7.60	\$7.10	\$10.56
30-34	\$5.50	\$8.85	\$7.90	\$11.81
35-39	\$7.40	\$11.49	\$9.63	\$14.45
40-44	\$11.10	\$16.62	\$12.91	\$19.58
45-49	\$18.10	\$26.31	\$19.10	\$29.27
50-54	\$25.60	\$38.42	\$26.92	\$41.38
55-59	\$33.90	\$56.13	\$38.31	\$59.09
60-64	\$48.70	\$83.82	\$56.23	\$86.78
65-69	\$69.20	\$120.79	\$80.30	\$123.75
70-74	\$92.60	\$162.31	\$107.01	\$165.27
75-79	\$118.60	\$194.79	\$128.11	\$197.75
80-84	\$150.00	\$215.68	\$141.51	\$218.64

Annual age redetermination on anniversary is calculated using date of birth on or before anniversary date.

**Exclusions**

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
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- A covered person's service in the armed forces or units auxiliary to them

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

## General Limitations

Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable Benefit Separation Period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a Recurrence provision
- For which a covered person has already received a benefit payment under the Recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in a covered person's certificate.

## **THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.**

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

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Group Critical Illness benefits provided by policy form SCI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager. If you have any questions, please contact your Human Resources/Benefits manager.

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Benefit	Amount
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Severe Stroke	\$20,000
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**Other Specified Illness Benefits**

Benefit	Amount
Coma	\$20,000
Paralysis	\$20,000
Major Organ Transplant	\$20,000
End Stage Renal Disease	\$20,000
Loss of Hearing	\$20,000
Loss of Speech	\$20,000
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**Childhood Conditions**

Benefit	Amount
Cystic Fibrosis	\$20,000
Muscular Dystrophy	\$20,000
Cerebral Palsy	\$20,000
Spina Bifida	\$20,000
Congenital Heart Disease	\$20,000

**Other key features**

Benefit	Amount
Health Screening (per covered person, per calendar year)	\$50
Preventive Care Benefit	\$25, per covered person, per calendar year
Skin Cancer benefit, per member, once per lifetime	\$250
Additional occurrence of multiple conditions	Covered with 30 day separation period If both conditions are Vascular or both are Cancer. Otherwise, covered with no separation period.
Pre-Existing Conditions Limitation	None
Lifetime Benefit Maximum - Employee	\$500,000
Lifetime Benefit Maximum - Spouse	\$250,000
Lifetime Benefit Maximum - Children	\$250,000

**How to file claims**

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**Monthly Cost<sup>3</sup>**

**Non-Tobacco Rates**

Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	\$5.00	\$9.05	\$9.27	\$13.37
25-29	\$6.60	\$10.78	\$10.42	\$15.10
30-34	\$7.80	\$12.05	\$11.25	\$16.37
35-39	\$10.00	\$15.08	\$13.27	\$19.40
40-44	\$14.00	\$20.60	\$16.89	\$24.92
45-49	\$21.20	\$30.25	\$23.14	\$34.57
50-54	\$28.00	\$41.32	\$30.26	\$45.64
55-59	\$36.00	\$57.27	\$40.47	\$61.59
60-64	\$48.80	\$81.84	\$56.31	\$86.16
65-69	\$69.20	\$112.05	\$76.05	\$116.37
70-74	\$92.60	\$153.61	\$103.12	\$157.93
75-79	\$118.60	\$204.31	\$136.52	\$208.63
80-84	\$150.00	\$235.88	\$157.21	\$240.20

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Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	\$5.00	\$9.61	\$9.64	\$13.93
25-29	\$7.80	\$11.97	\$11.19	\$16.29
30-34	\$11.00	\$14.34	\$12.72	\$18.66
35-39	\$14.80	\$19.55	\$16.14	\$23.87
40-44	\$22.20	\$29.52	\$22.57	\$33.84
45-49	\$36.20	\$48.58	\$34.82	\$52.90
50-54	\$51.20	\$72.64	\$50.37	\$76.96
55-59	\$67.80	\$107.85	\$73.06	\$112.17
60-64	\$97.40	\$162.97	\$108.78	\$167.29
65-69	\$138.40	\$236.57	\$156.76	\$240.89
70-74	\$185.20	\$319.39	\$210.08	\$323.71
75-79	\$237.20	\$384.13	\$252.18	\$388.45
80-84	\$300.00	\$425.84	\$278.95	\$430.16

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**Childhood Conditions**

Benefit	Amount
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### Other key features

Benefit	Amount
Health Screening (per covered person, per calendar year)	\$50
Preventive Care Benefit	\$25, per covered person, per calendar year
Skin Cancer benefit, per member, once per lifetime	\$250
Additional occurrence of multiple conditions	Covered with 30 day separation period If both conditions are Vascular or both are Cancer. Otherwise, covered with no separation period.
Pre-Existing Conditions Limitation	None
Lifetime Benefit Maximum - Employee	\$750,000
Lifetime Benefit Maximum - Spouse	\$375,000
Lifetime Benefit Maximum - Children	\$375,000

### How to file claims

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### Monthly Cost<sup>3</sup>

#### Non-Tobacco Rates

Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	\$7.50	\$12.08	\$12.47	\$17.76
25-29	\$9.90	\$14.55	\$14.12	\$20.23
30-34	\$11.70	\$16.39	\$15.33	\$22.07
35-39	\$15.00	\$20.90	\$18.35	\$26.58
40-44	\$21.00	\$29.04	\$23.71	\$34.72
45-49	\$31.80	\$43.36	\$33.02	\$49.04
50-54	\$42.00	\$59.89	\$43.66	\$65.57
55-59	\$54.00	\$83.70	\$58.92	\$89.38
60-64	\$73.20	\$120.43	\$82.63	\$126.11
65-69	\$103.80	\$165.57	\$112.16	\$171.25
70-74	\$138.90	\$227.80	\$152.71	\$233.48
75-79	\$177.90	\$303.74	\$202.75	\$309.42
80-84	\$225.00	\$351.06	\$233.77	\$356.74

### Monthly Cost<sup>3</sup>

#### Tobacco Rates

Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	\$7.50	\$12.91	\$13.01	\$18.59
25-29	\$11.70	\$16.34	\$15.28	\$22.02
30-34	\$16.50	\$19.83	\$17.54	\$25.51
35-39	\$22.20	\$27.61	\$22.65	\$33.29
40-44	\$33.30	\$42.42	\$32.23	\$48.10
45-49	\$54.30	\$70.84	\$50.53	\$76.52
50-54	\$76.80	\$106.85	\$73.83	\$112.53
55-59	\$101.70	\$159.56	\$107.81	\$165.24
60-64	\$146.10	\$242.13	\$161.33	\$247.81
65-69	\$207.60	\$352.35	\$233.22	\$358.03
70-74	\$277.80	\$476.46	\$313.15	\$482.14
75-79	\$355.80	\$573.47	\$376.25	\$579.15
80-84	\$450.00	\$636.00	\$416.38	\$641.68

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### Exclusions

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