

## Critical Illness Highlights

Critical Illness Insurance provides financial protection for an Insured by paying a lump-sum benefit if the Insured is diagnosed with a Covered Condition payable under this certificate.

This section includes highlights of an Insured's coverage. Please refer to the **Critical Illness Details** for further information on the benefits available.

### Eligible Group(s)

All Full-Time Employees in Active Employment in the United States working a minimum of 20 hours per week.

### Paying for Coverage

#### *For You*

#### *Contributory Coverage*

You must make premium contributions for your coverage.

#### *For your Spouse*

#### *Contributory Coverage*

You must make premium contributions for your Spouse's coverage.

#### *For your Children*

Coverage for your Children is automatically included in the cost of your coverage.

### Coverage Amount

The following Coverage Amounts are available to you. If you choose to apply and become insured for coverage, your Children will automatically be enrolled for coverage. You will also have the opportunity to apply for coverage for your Spouse.

#### *Choice 1*

| <b>For You</b> | <b>For your Spouse</b>      | <b>For your Children</b>    |
|----------------|-----------------------------|-----------------------------|
| \$10,000       | 50% of your Coverage Amount | 50% of your Coverage Amount |

#### *Choice 2*

| <b>For You</b> | <b>For your Spouse</b>      | <b>For your Children</b>    |
|----------------|-----------------------------|-----------------------------|
| \$20,000       | 50% of your Coverage Amount | 50% of your Coverage Amount |

#### *Choice 3*

| <b>For You</b> | <b>For your Spouse</b>      | <b>For your Children</b>    |
|----------------|-----------------------------|-----------------------------|
| \$30,000       | 50% of your Coverage Amount | 50% of your Coverage Amount |

### Benefit Amount

The Benefit Amount is the amount an Insured may receive for a Payable Claim. The Benefit Amount is calculated using the Insured's Coverage Amount multiplied by the Percentage of Coverage Amount for the Covered Condition, subject to all other terms and provisions of this certificate.

The Percentage of Coverage Amount payable for each Covered Condition is listed in the Critical Illness Details section.

Any dollar amount listed under the Percentage of Coverage Amount will be the Benefit Amount payable for that Covered Condition.

## **Covered Conditions**

### **Covered Conditions for you, your Spouse, and Children:**

| <b>Critical Illnesses</b> |                                 |  |
|---------------------------|---------------------------------|--|
|                           | Coronary Artery Disease (major) | Heart Attack (Myocardial Infarction)     |
|                           | Coronary Artery Disease (minor) | Major Organ Failure Requiring Transplant |

**Critical Illness Highlights**

|               |   |             |
|---------------|---|-------------|
| <b>Cancer</b> | End Stage Renal (Kidney) Failure              | Stroke      |
|               | Invasive Cancer (including all Breast Cancer) | Skin Cancer |
|               | Non-Invasive Cancer                           |             |

|  |                    |  |
|--|--------------------|--|
| <b>Supplemental Critical Illnesses</b> | Benign Brain Tumor | Loss of Sight  |
|  | Coma               | Loss of Speech   |
|  | Infectious Disease | Occupational Human Immunodeficiency Virus (HIV) or Hepatitis |
|  | Loss of Hearing    | Permanent Paralysis  |

|                             |  |                         |
|-----------------------------|--|-------------------------|
| <b>Progressive Diseases</b> | Amyotrophic Lateral Sclerosis (ALS)      | Multiple Sclerosis (MS) |
|                             | Dementia (including Alzheimer's Disease) | Parkinson's Disease     |
|                             | Functional Loss                          |                         |

**Covered Conditions for your Children:**

|  |                     |               |
|--|---------------------|---------------|
| <b>Additional Critical Illnesses for your Children</b> | Cerebral Palsy      | Down Syndrome |
|  | Cleft Lip or Palate | Spina Bifida  |
|  | Cystic Fibrosis     |               |

## Critical Illness Details

The information in this section provides details about the benefits that may be payable to you, any applicable Exclusions and Other Features included in your coverage.

Benefits will only be payable for Covered Conditions that have a Date of Diagnosis on or after the Insured's Coverage Effective Date.

**Covered Condition Benefit**      The Covered Condition Benefit is payable once per Covered Condition per Insured.

We will pay a Covered Condition Benefit for a different Covered Condition if:

- the new Covered Condition is medically unrelated to the first Covered Condition; or
- the Date of Diagnoses are separated by more than 180 days.

If an Insured's diagnosis satisfies the Condition Definition and Date of Diagnosis requirements for more than one Covered Condition, we will pay the Covered Condition with the highest Percentage of Coverage Amount.

**Reoccurring Condition Benefit**      We will pay the Reoccurring Condition Benefit for the diagnosis of the same Covered Condition if the Covered Condition Benefit was previously paid and the new Date of Diagnosis is more than 180 days after the prior Date of Diagnosis.

The Benefit Amount for any Reoccurring Condition Benefit is 100% of the Percentage of Coverage Amount for that Covered Condition.

The following Covered Conditions are eligible for a Reoccurring Condition Benefit:

|                                      |   |
|--------------------------------------|---|
| Benign Brain Tumor                   | Infectious Disease                            |
| Coma                                 | Invasive Cancer (including all Breast Cancer) |
| Coronary Artery Disease (Major)      | Major Organ Failure Requiring Transplant      |
| Coronary Artery Disease (Minor)      | Non-Invasive Cancer                           |
| End Stage Renal (Kidney) Failure     | Stroke  |
| Heart Attack (Myocardial Infarction) |   |

### Covered Conditions

#### Critical Illnesses

|   |  | <b>Percentage of Coverage Amount</b> |
|---|--|--------------------------------------|
| <b>Coronary Artery Disease (Major)</b>  | <p><i>Condition Definition</i><br/>A narrowing or blockage of one or more coronary arteries resulting from plaque buildup.</p> <p><i>Date of Diagnosis</i><br/>The date a Physician recommends the Insured undergo a Surgical Procedure of either a coronary artery bypass graft or valve replacement.</p> | <b>50%</b>                           |
| <b>Coronary Artery Disease (Minor)</b>  | <p><i>Condition Definition</i><br/>A narrowing or blockage of one or more coronary arteries resulting from plaque buildup.</p> <p><i>Date of Diagnosis</i><br/>The date a Physician recommends the Insured undergo a catheterization procedure of balloon angioplasty or stent placement.</p>              | <b>10%</b>                           |
| <b>End Stage Renal (Kidney) Failure</b> | <p><i>Condition Definition</i><br/>A chronic irreversible failure of the function of both kidneys.</p>   | <b>100%</b>                          |

*Date of Diagnosis*

The earliest date:

- a Physician recommends regular hemodialysis or peritoneal dialysis to sustain life;
- the Insured has a kidney transplant performed; or
- the Insured is placed on the UNOS (United Network for Organ Sharing) list for a kidney transplant.

**Heart Attack  
(Myocardial  
Infarction)**

*Condition Definition*

**100%**

The death of a portion of heart muscle (myocardium) as a result of obstruction of one or more of the coronary arteries. A positive diagnosis of a heart attack must occur and must be supported by two or more of the following:

- chest pain;
- electrocardiographic (EKG) changes indicative of a heart attack;
- in the case of a heart attack associated with percutaneous coronary intervention (balloon angioplasty, stent implantation, and related procedures to increase the flow of blood through the coronary arteries), evolving ST elevations or new Q wave changes must be documented and included as one of the criteria on establishing a diagnosis;
- elevation of biochemical markers of myocardial necrosis; or
- confirmatory imaging studies.

For purposes of this benefit, the following do not meet the Condition Definition of Heart Attack:

- an established (old) heart attack;
- angina;
- atherosclerotic heart disease;
- cardiac arrest (including arrhythmias);
- congestive heart failure;
- coronary artery disease; and
- any other disease, Injury, or dysfunction of the cardiovascular system.

If a heart attack results in death, an autopsy confirmation or death certificate verifying the heart attack as the cause of death will be accepted.

*Date of Diagnosis*

The date the death of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack Condition Definition.

**Major Organ  
Failure Requiring  
Transplant**

*Condition Definition*

**100%**

Failure of the heart, liver, both lungs, or pancreas resulting in the Insured being placed on the UNOS (United Network for Organ Sharing) list for a transplant.

If an Insured is on the UNOS list for a combined transplant (example: heart and lung), a single benefit will be paid.

*Date of Diagnosis*

The date the Insured is placed on the UNOS list for organ transplant(s).

**Stroke**

*Condition Definition*

**100%**

The sudden death of brain cells due to lack of oxygen, caused by blockage of blood flow or rupture of an artery to the brain.

For purposes of this benefit, the following do not meet the Condition Definition of Stroke:

- transient ischemic attack;

## Critical Illness Details

- brain injury associated with hypoxia, anoxia, or hypotension;
- brain injury related to trauma or infection;
- ischemic disorders of the vestibular system; and
- vascular disease affecting the eye or optic nerve.

If a stroke results in death, an autopsy confirmation or death certificate verifying the stroke as the cause of death will be accepted.

### *Date of Diagnosis*

The date a Stroke occurs and the diagnosis must be supported by:

- neurological deficits persisting for at least 30 days after the Stroke including but not limited to impaired motor function, altered sensation, vision loss, difficulty swallowing, or Cognitive Impairment confirmed by a Physician; and
- confirmatory neuroimaging studies consistent with the diagnosis of a new Stroke.

## Cancer

### **Invasive Cancer (Including all Breast Cancer)**

#### *Condition Definition*

A disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells.

Any cancer of the breast is considered Invasive Cancer including breast cancer which is classified as Stage 0 or In Situ.

For purposes of this benefit, the following do not meet the Condition Definition of Invasive Cancer:

- pre-malignant conditions or conditions with malignant potential;
- cancer that has not yet become invasive, typically classified as Stage 0 or In Situ; and
- cancer on the surface of the body (skin) that may be:
  - melanomas that are in situ or Stage 1, which require only local treatment and affect only the melanoma and area close to it;
  - basal cell carcinoma; or
  - squamous cell carcinoma of the skin.

### *Date of Diagnosis*

The date the tissue specimen, blood samples or titer(s) are taken on which the Pathological Diagnosis of Invasive Cancer is based. We will accept a Clinical Diagnosis if a Pathological Diagnosis cannot be made.

Any Date of Diagnosis for Invasive Cancer must follow a period of at least 180 days where the Insured has had no evidence of disease or treatment for cancer. Evidence of disease or treatment does not include preventive medications or routine scheduled follow-up visits to a Physician.

### **Non-Invasive Cancer**

#### *Condition Definition*

A malignant tumor which is typically classified as Stage 0 or In Situ, that has not yet become invasive but is confined to the site of origin without having invaded neighboring tissue.

For purposes of this benefit, the following do not meet the Condition Definition of Non-Invasive Cancer:

- pre-malignant conditions or conditions with malignant potential;

**Percentage of  
Coverage  
Amount**

**100%**

**25%**

## Critical Illness Details

- any Stage 0 or In situ cancer of the breast; and
- cancer on the surface of the body (skin) that may be:
  - melanomas that are in situ or Stage 1, which require only local treatment and affect only the melanoma and area close to it;
  - basal cell carcinoma; or
  - squamous cell carcinoma of the skin.

### *Date of Diagnosis*

The date the tissue specimen, blood samples or titer(s) are taken on which the Pathological Diagnosis of Non-Invasive Cancer is based. We will accept a Clinical Diagnosis if a Pathological Diagnosis cannot be made.

Any Date of Diagnosis for Non-Invasive Cancer must follow a period of at least 180 days where the Insured has had no evidence of disease or treatment for cancer. Evidence of disease or treatment does not include preventive medications or routine scheduled follow-up visits to a Physician.

## **Skin Cancer**

### *Condition Definition*

**\$500**

Cancer on the surface of the body (skin) that may be:

- melanomas that are in situ or Stage 1, which require only local treatment and affect only the melanoma and area close to it;
- basal cell carcinoma; or
- squamous cell carcinoma of the skin.

### *Date of Diagnosis*

The date the tissue specimen is taken on which the Pathological Diagnosis of Skin Cancer is based. We will accept a Clinical Diagnosis if a Pathological Diagnosis cannot be made.

**Percentage of Coverage Amount**

## **Supplemental Critical Illnesses**

### **Benign Brain Tumor**

### *Condition Definition*

**100%**

A non-cancerous brain tumor resulting in neurological deficits including but not limited to loss of sight, loss of hearing, or balance disruption.

For purposes of this benefit, the following do not meet the Condition Definition of Benign Brain Tumor:

- tumors of the skull;
- pituitary adenomas; and
- germinomas.

We will not pay this benefit if an Insured is diagnosed with any of the following conditions prior to their Coverage Effective Date:

- Neurofibromatosis I;
- Neurofibromatosis II;
- Von Hippel Lindau;
- Tuberous Sclerosis;
- Li-Fraumeni Syndrome;
- Cowden Disease; and
- Turcot Syndrome.

### *Date of Diagnosis*

The date of the examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

### **Coma**

### *Condition Definition*

**100%**

A continuous state of profound unconsciousness requiring intubation for respiratory assistance lasting for a period of 7 or more consecutive days, characterized by the absence of:

- eye opening;
- verbal response; and
- motor response.

For purposes of this benefit, the following do not meet the Condition Definition of Coma:

- Coma due to Stroke; and
- any medically induced Coma.

*Date of Diagnosis*

The date a Physician confirms a Coma.

**Infectious Disease**

*Condition Definition*

**25%**

A severe infectious or contagious disease diagnosed by a Physician that results in the Insured being confined to a Hospital for 14 or more consecutive days. Infectious or contagious diseases may include, but are not limited to:

- Rabies
- Meningitis
- Lyme Disease
- Antibiotic resistant bacteria (including MRSA)
- Sepsis
- Tuberculosis
- Diphtheria
- Encephalitis
- Legionnaire's disease
- Malaria
- Necrotizing fasciitis (flesh eating bacteria)
- Osteomyelitis
- Tetanus

*Date of Diagnosis*

The date a Physician confirms a diagnosis of an Infectious Disease.

**Loss of Hearing**

*Condition Definition*

**100%**

Total and irrecoverable Loss of Hearing in both ears that follows a period where the Insured had the ability to hear.

For purposes of this benefit, the following do not meet the Condition Definition of Loss of Hearing:

- congenital birth defects;
- developmental delays; and
- any Loss of Hearing that can be corrected by any procedure, aid, or device.

*Date of Diagnosis*

The date a Physician confirms Loss of Hearing in both ears.

**Loss of Sight**

*Condition Definition*

**100%**

Permanent reduction in sight certified by a Physician that follows a period where the Insured was not legally blind such that:

- sight in the better eye reduced to a best corrected visual acuity of 20/200 or less (Snellen or E-Chart Acuity); or
- visual field remaining is less than 20° in the better eye.

For purposes of this benefit, the following do not meet the Condition Definition of Loss of Sight:

- congenital birth defects;
- developmental delays; and

## Critical Illness Details

- any loss of sight that can be corrected by any procedure, aid, or device.

### *Date of Diagnosis*

The date a Physician confirms Loss of Sight.

## **Loss of Speech**

### *Condition Definition*

**100%**

Total and irrecoverable Loss of Speech that follows a period where the Insured had the ability to speak.

For purposes of this benefit, the following do not meet the Condition Definition of Loss of Speech:

- congenital birth defects;
- developmental delays; and
- any loss of speech that can be corrected by any procedure, aid, or device.

### *Date of Diagnosis*

The date a Physician confirms Loss of Speech.

## **Occupational Human Immunodeficiency Virus (HIV) or Hepatitis**

### *Condition Definition*

**100%**

An infection resulting from exposure to HIV or Hepatitis B, C, or D contaminated fluids as the result of a Covered Accident during the normal course of duties for an occupation in which the Insured is regularly engaged and for which compensation is earned.

For purposes of this benefit, the following do not meet the Condition Definition of Occupational HIV or Hepatitis:

- exposure or infection as the result of IV drug use;
- exposure or infection as the result of sexual transmission; and
- exposure or infection determined that is not the result of an occupational Covered Accident.

### *Date of Diagnosis*

The date a state certified and licensed laboratory receives a positive confirmatory antibody test for HIV or Hepatitis B, C, or D provided the following actions have been taken:

- within five days of the Covered Accident, it is reported and recorded by the appropriate person according to the legislation, regulations, standards, or guidelines that apply to the Insured's occupation or profession;
- the Covered Accident is investigated by the employer and we receive a copy of the Written investigation report;
- an initial confirmatory antibody test is taken within five days of the Covered Accident and is negative for the presence of HIV or Hepatitis B, C, or D; and
- a follow-up confirmatory antibody test is taken between 90 and 180 days from the date of the initial confirmatory antibody test and is positive for HIV or Hepatitis B, C, or D.

## **Permanent Paralysis**

### *Condition Definition*

**100%**

The complete and permanent loss of the use of two or more limbs due to a new paralysis, for a continuous period of at least 90 days.

For a severed spinal cord with supporting clinical and radiological evidence and no expectation of return of function, the continuous 90 day requirement will be waived.

For purposes of this benefit, losing the use of two or more limbs as the result of a Stroke does not meet the Condition Definition of Permanent Paralysis.

*Date of Diagnosis*

The date a Physician diagnoses the paralysis or severed spinal cord.

**Progressive Diseases**

**Amyotrophic Lateral Sclerosis (ALS)**

*Condition Definition*

A nervous system disease that causes muscle weakness and impacts physical function. ALS, also known as Lou Gehrig's disease, causes nerve cells to gradually break down and die.

*Date of Diagnosis*

The date the Insured is unable to perform two or more Activities of Daily Living due to Amyotrophic Lateral Sclerosis (ALS) as diagnosed by a Physician.

**Percentage of Coverage Amount**

**100%**

**Dementia (Including Alzheimer's Disease)**

*Condition Definition*

A progressive, degenerative disorder that attacks the brain's nerve cells or neurons, and may result in loss of memory, thinking, language skills, or behavioral changes.

*Date of Diagnosis*

The date the Insured is unable to perform two or more Activities of Daily Living or is Cognitively Impaired due to Dementia (including Alzheimer's Disease) as diagnosed by a Physician.

**100%**

**Functional Loss**

*Condition Definition*

An Injury, Sickness, or other infirmity that prevents an Insured from independently performing daily tasks for a period of at least 90 days.

For purposes of this benefit, functional loss due to paralysis does not meet the Condition Definition of Functional Loss.

*Date of Diagnosis*

The date the Insured is unable to perform two or more Activities of Daily Living due to a Functional Loss as diagnosed by a Physician.

**100%**

**Multiple Sclerosis (MS)**

*Condition Definition*

A chronic disease involving damage to the protective sheaths of nerve cells in the brain and spinal cord. Symptoms may include numbness, impairment of speech and of muscular coordination, blurred vision, and severe fatigue. Eventually, the disease can cause the nerves themselves to deteriorate or become permanently damaged.

*Date of Diagnosis*

The date the Insured is unable to perform two or more Activities of Daily Living due to Multiple Sclerosis (MS) as diagnosed by a Physician.

**100%**

**Parkinson's Disease**

*Condition Definition*

A disease of the nervous system marked by tremor, muscular stiffness, and slow, imprecise movement. It is associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

*Date of Diagnosis*

The date the Insured is unable to perform two or more Activities of Daily Living due to Parkinson's Disease as diagnosed by a

**100%**

Physician.

Percentage of Coverage Amount

**Additional Critical Illnesses for your Children**

**Cerebral Palsy**

*Condition Definition*

A group of non-progressive disorders of movement and posture attributed to abnormal development of, or damage to motor control centers of the brain while a child's brain is still developing before, during, and immediately after birth. The motor disorders of Cerebral Palsy are often accompanied by disturbances of sensation, cognition, communication, perception, and behavior, as well as seizures and secondary musculoskeletal problems.

100%

*Date of Diagnosis*

The date a Physician makes or confirms an initial diagnosis of Cerebral Palsy after live birth.

**Cleft Lip or Cleft Palate**

*Condition Definition*

100%

|              |  |
|--------------|--|
| Cleft Lip    | A narrow opening or gap in the skin of the upper lip that extends all the way to the base of the nose, including unilateral clefting and bilateral clefting. |
| Cleft Palate | An opening between the roof of the mouth and the nasal cavity.   |

*Date of Diagnosis*

The date a Physician makes or confirms an initial diagnosis of a Cleft Lip or Cleft Palate after live birth.

**Cystic Fibrosis**

*Condition Definition*

A hereditary disorder affecting the exocrine glands. It causes the production of abnormally thick mucus, leading to the blockage of the pancreatic ducts, intestines, and bronchi and often resulting in respiratory infection.

100%

*Date of Diagnosis*

The date the condition is first diagnosed by a Physician and supported by a sweat test with sweat chloride concentrations greater than 60 mmol/L.

**Down Syndrome**

*Condition Definition*

A congenital disorder arising from a chromosome defect involving chromosome 21, causing intellectual impairment, physical abnormalities and developmental delays. Down Syndrome includes:

100%

|               |  |
|---------------|--|
| Trisomy 21    | An individual has three instead of two chromosome 21's.  |
| Translocation | An extra part of chromosome 21 is attached to another chromosome.  |
| Mosaicism     | The individual has an extra chromosome 21 in only some of the cells but not all of them. The other cells have the usual pair of chromosome 21's. |

*Date of Diagnosis*

The date a Physician makes or confirms an initial diagnosis of Down Syndrome through the study of chromosome 21 after live birth.

**Spina Bifida**

*Condition Definition*

A congenital defect of the spine in which part of the spinal cord and its meninges are exposed through a gap in the backbone. Spina Bifida includes Meningocele or Myelomeningocele.

**100%**

For purposes of this benefit, a diagnosis of spina bifida occulta does not meet the Condition Definition for Spina Bifida.

*Date of Diagnosis*

The date a Physician makes or confirms an initial diagnosis of Spina Bifida, Meningocele, or Myelomeningocele after live birth.