

Plan Highlights

Voluntary Group Critical Illness Insurance



Eulen America

COVERAGE

Voluntary 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: All eligible employees.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

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

*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

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

BENEFIT AMOUNT

Employee: Choose from a benefit of \$5,000 to a maximum of \$50,000 in \$1,000 increments.

Spouse: Choose from a benefit of \$5,000 to a maximum of \$50,000 in \$1,000 increments, not to exceed 100% of approved employee amount.

Dependent child(ren): 25% of approved employee amount up to a maximum of \$12,500.

GUARANTEED ISSUE

Employee: \$20,000

Spouse: \$20,000

Child: all child amounts are guaranteed issue

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

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; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed during the Benefit Waiting Period; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features. (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features. (Recurrence).

DIAGNOSIS ADULT	BENEFIT
Alzheimer's Disease	25%
Benign Brain Tumor	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Parkinson's Disease	25%
Stroke	100%
Paralysis	100%
Skin Cancer	5%

FEATURES

- ▶ Lifetime Maximum Benefit – 1000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 3 months or later
- ▶ Recurrence Benefit (Same Illness) – 100% of benefit if diagnosed 6 months or later
- ▶ FMLA / MSLA Continuation
- ▶ Transfer of Coverage
- ▶ **Wellness (Health Screening) Benefit – \$50**

Age	Monthly Premium Rate/\$1,000	\$10,000 EE Monthly Premium	\$20,000 EE Monthly Premium
0-29	\$0.455	\$4.55	\$9.10
30-39	\$0.665	\$6.65	13.30
40-49	\$0.949	\$9.49	\$18.98
50-59	\$1.64	\$16.40	\$32.80
60-69	\$4.22	\$42.20	\$84.40

(Employees/Spouses can purchase as little as \$5,000 up to \$50,000 – \$10,000 and \$20,000 amounts listed above are not the only options)

Dependent Children Insurance Cost

Monthly Rate per \$1,000 of Coverage

Child Premium Rates	\$0.36
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For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance, which 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-9537-0118, et al.