

Critical Illness Insurance

Guaranteed-issue **Critical Illness Insurance** helps alleviate financial burdens resulting from a critical illness (treatment, long-term care, etc.). The insured receives a fixed cash benefit based on their diagnosis. A lump-sum cash benefit is provided when the insured is diagnosed.

Benefits Schedule

Plan Type	Initial Diagnosis			Policy Max		
	Basic	Preferred	Premium	Basic	Preferred	Premium
Individual	\$10,000	\$20,000	\$30,000	\$30,000	\$60,000	\$90,000
Spouse	\$5,000	\$10,000	\$15,000	\$15,000	\$30,000	\$45,000
Dependent Child	\$2,500	\$5,000	\$7,500	\$7,500	\$15,000	\$22,500

- 30-day wait period for illness, 12-month wait period on all pre-existing conditions
 - Pre-existing definition: Diagnosis or treatment in the past 6 months before coverage effective date or the existence of a critical illness in the past 6 months
- Claim must be filed within 30 days of diagnosis or procedure
- Effective date is the 1st of the following month from purchase date
- Policy terminates at age 70 years old, can be canceled at any time with written notification

Illnesses Covered

Illness	% of Benefit Paid
Full-Benefit Cancer	100%
Partial-Benefit Cancer	25%
Heart Attack	100%
Kidney Failure	100%
Stroke	100%
Coronary Bypass Surgery	25%
Organ Transplant	100%

Additional Benefit

- \$50 health screening per year (wait period applies)
- If benefit is utilized, additional benefits can be paid if subsequent critical illness is different than the first critical illness, diagnosed after 180 days

Recurrence Benefit

- Recurrence benefit will be paid if policyholder is diagnosed with the same critical illness:
- Date is at least 365 days after initial diagnosis
- Must be treatment-free with no evidence of critical illness for a period of 180 days prior to second diagnosis
- No more than total max of policy will be paid

Critical Illness Insurance

Pricing Chart with Age and Tobacco Usage Rating

EO = Employee Only

E + S = Employee + Spouse

E + C = Employee + Children

F = Family

Monthly Premiums - \$10,000 Benefit

Employee Age	Non-Smoker				Smoker			
	EO	E + S	E + C	F	EO	E + S	E + C	F
18 - 24	\$5.79	\$8.65	\$6.18	\$9.04	\$6.16	\$9.03	\$6.55	\$9.41
25 - 29	\$6.21	\$9.29	\$6.60	\$9.68	\$6.64	\$9.71	\$7.03	\$10.10
30 - 34	\$6.83	\$10.21	\$7.21	\$10.60	\$7.34	\$10.73	\$7.73	\$11.11
35 - 39	\$9.35	\$14.18	\$9.74	\$14.56	\$11.73	\$16.55	\$12.11	\$16.94
40 - 44	\$10.86	\$16.50	\$11.25	\$16.89	\$14.06	\$19.70	\$14.45	\$20.09
45 - 49	\$18.25	\$28.14	\$18.64	\$28.53	\$27.53	\$37.41	\$27.90	\$37.80
50 - 54	\$21.41	\$33.24	\$21.80	\$33.63	\$34.68	\$46.50	\$35.06	\$46.89
55 - 59	\$30.26	\$47.43	\$30.65	\$47.81	\$53.63	\$70.79	\$54.00	\$71.18
60 - 64	\$34.93	\$55.26	\$35.31	\$55.64	\$67.33	\$87.65	\$67.71	\$88.04
65 - 69	\$54.64	\$84.51	\$55.03	\$84.90	\$114.49	\$144.36	\$114.88	\$144.75

Monthly Premiums - \$20,000 Benefit

Employee Age	Non-Smoker				Smoker			
	EO	E + S	E + C	F	EO	E + S	E + C	F
18 - 24	\$7.71	\$11.56	\$8.49	\$12.34	\$8.46	\$12.31	\$9.24	\$13.09
25 - 29	\$8.56	\$12.85	\$9.34	\$13.63	\$9.40	\$13.69	\$10.18	\$14.46
30 - 34	\$9.79	\$14.70	\$10.55	\$15.48	\$10.81	\$15.73	\$11.59	\$16.50
35 - 39	\$14.84	\$22.61	\$15.61	\$23.39	\$19.59	\$27.36	\$20.36	\$28.14
40 - 44	\$17.85	\$27.26	\$18.63	\$28.04	\$24.25	\$33.66	\$25.03	\$34.44
45 - 49	\$32.63	\$50.54	\$33.40	\$51.31	\$51.18	\$69.09	\$51.94	\$69.86
50 - 54	\$38.95	\$60.75	\$39.73	\$61.53	\$65.48	\$87.26	\$66.25	\$88.04
55 - 59	\$56.65	\$89.13	\$57.43	\$89.89	\$103.38	\$135.84	\$104.14	\$136.61
60 - 64	\$65.99	\$104.78	\$66.76	\$105.55	\$130.78	\$169.56	\$131.55	\$170.34
65 - 69	\$105.41	\$163.30	\$106.19	\$164.08	\$225.10	\$282.99	\$225.88	\$283.76

Monthly Premiums - \$30,000 Benefit

Employee Age	Non-Smoker				Smoker			
	EO	E + S	E + C	F	EO	E + S	E + C	F
18 - 24	\$9.63	\$14.48	\$10.79	\$15.64	\$10.76	\$15.61	\$11.93	\$16.76
25 - 29	\$10.91	\$16.40	\$12.06	\$17.56	\$12.18	\$17.68	\$13.34	\$18.83
30 - 34	\$12.74	\$19.18	\$13.90	\$20.34	\$14.28	\$20.71	\$15.44	\$21.88
35 - 39	\$20.33	\$31.05	\$21.49	\$32.21	\$27.45	\$38.18	\$28.60	\$39.33
40 - 44	\$24.84	\$38.03	\$26.00	\$39.19	\$34.44	\$47.64	\$35.60	\$48.79
45 - 49	\$47.00	\$72.94	\$48.16	\$74.10	\$74.83	\$100.76	\$75.98	\$101.91
50 - 54	\$56.49	\$88.25	\$57.65	\$89.41	\$96.28	\$128.04	\$97.44	\$129.19
55 - 59	\$83.04	\$130.81	\$84.20	\$131.98	\$153.13	\$200.89	\$154.28	\$202.05
60 - 64	\$97.05	\$154.30	\$98.21	\$155.45	\$194.23	\$251.48	\$195.39	\$252.63
65 - 69	\$156.18	\$242.08	\$157.34	\$243.24	\$335.71	\$421.61	\$336.88	\$422.78

Insurance provided in partnership with Liberty Mutual