



Group Specified Critical Illness

I N S U R A N C E

► First Occurrence Benefit

Lump Sum Benefits payable upon initial diagnosis of a covered illness or condition. Employee benefit amounts available from \$5,000 to \$50,000. Spouse benefit options are \$5,000 or \$10,000.

► Guaranteed Issue • NEW for 2010

Guaranteed Issue amounts doubled for 2010 plan year: Employees may apply for up to \$20,000 and spouses up to \$10,000 with no health questions asked.

► Additional Occurrence Benefit

If an insured collects full benefits for a specified critical illness under the plan and later has one of the remaining covered illnesses/procedures and is hospital confined, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least 6 months.

► Re-Occurrence Benefit

If you collect full benefits for a covered illness or condition and are later diagnosed and hospital confined with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months or 12 months treatment free for Internal Cancer.

► 25% Child Coverage at no Additional Cost • NEW for 2010

Each dependent child is covered under the employee coverage at 25 percent of the primary insured amount at no additional charge.

► Coverage is Portable

Employees may keep their coverage if they leave their job at the same premiums and benefits.

► \$100 Health Screening Benefit • NEW for 2010

An insured (employee/spouse) may receive a maximum of \$100 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. Covered tests include:

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest x-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test, blood test for triglycerides or serum cholesterol test to determine level of HDL and LDL

COVERED CRITICAL ILLNESSES

CANCER	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%
MAJOR ORGAN TRANSPLANT	100%
RENAL FAILURE (End Stage)	100%
CARCINOMA IN SITU	25%
CORONARY ARTERY BYPASS SURGERY	25%
NEW FOR 2010	
COMA	100%
PARALYSIS	100%
BURNS	100%
LOSS OF SIGHT/HEARING/SPEECH	100%

NOTE: If a benefit is paid for carcinoma in situ, the internal cancer benefit will be reduced by 25%. If a benefit is paid for coronary artery bypass surgery, the heart attack benefit will be reduced by 25%. All covered conditions are subject to the definitions found in your certificate.

MONTHLY RATES

AGES	\$5,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
18-29	\$3.25	\$5.05	\$8.65	\$12.25	\$15.85	\$19.45
30-39	\$4.80	\$8.15	\$14.85	\$21.55	\$28.25	\$34.95
40-49	\$8.75	\$16.05	\$30.65	\$45.25	\$59.85	\$74.45
50-59	\$14.35	\$27.25	\$53.05	\$78.85	\$104.65	\$130.45
60-69	\$22.20	\$42.95	\$84.45	\$125.95	\$167.45	\$208.95

LIMITATIONS AND EXCLUSIONS

If diagnosis occurs after the age of 70, half of the benefit is payable.

Benefits will not be paid for loss due to:

1. Intentionally self-inflicted injury or action;
2. Suicide or attempted suicide while sane or insane;
3. Illegal activities or participation in an illegal occupation;
4. War, declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; or
5. Substance abuse.

Pre-Existing Condition Limitation

Pre-existing condition means a sickness or physical condition that within the 12-month period prior to the effective date of coverage resulted in the insured receiving medical advice or treatment.

We will not pay benefits for any condition or illness starting within 12 months of the effective date that is caused by, contributed to, or resulting from a pre-existing condition.

A claim for benefits for loss starting after 12 months from the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date of coverage.

Continue Your Coverage (Portability)

If you cease employment with your employer, you may elect to continue your coverage. You must have been continuously insured for at least 6 months under this plan and/or the prior plan just before the date your employment or membership terminated. The coverage you may continue is that which you had on the date your employment terminated, including dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons: a. The insured failed to pay any required premium. b. The group policy terminates. c. The insured having attained age 70.
2. To keep your insurance in force, you must: a. Make written application to the company within 31 days after the date your insurance would otherwise terminate. b. Pay the required premium to the company no later than 31 days after the date your insurance

would otherwise terminate.

3. Insurance will cease on the earliest of these dates: a. The date the employee fails to pay any required premiums. b. The date the group policy is terminated.

If you qualify for this portability privilege as described, then the same benefits, plan provisions and premium rates as applicable to the group plan will apply.

This brochure is a brief description of coverage and is not a contract. Please read your certificate carefully for exact terms and conditions.

UNDERWRITTEN BY:



FOR CLAIMS AND CUSTOMER SERVICE

CALL TOLL FREE:

1-800-433-3036