

Limited Benefit Critical Illness Insurance



# Surviving a critical illness may come at a high price.

If you experience a critical illness—like a heart attack or stroke—you shouldn't have to worry about the financial impact. But co-pays, transportation expenses, out-of-pocket medical costs, and lost income can add up quickly.

**Limited Benefit Critical Illness Insurance** can help provide financial protection so you can focus on recovery.



Approximately every 40 seconds, someone in the United States will have a heart attack.<sup>1</sup>

### **How It Works**

If you're diagnosed with a covered critical illness, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified critical illnesses that reoccur will allow for an additional benefit.

### Features:

- Benefits paid directly to you, to be used however you see fit
- No required medical exams as part of the application process
- Guaranteed issue benefit amounts may be available for first-time eligible employees and spouse
- Coverage extended to dependent children at no additional cost
- Compatible with a Health Savings Account
- · Option to add an infectious disease rider in select states

Coverage is available for you, and your children, and your lawful spouse at determined benefit amounts.

### HEALTH SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to:

Stress Test

- Blood Glucose Testing
- Echocardiogram
- Neuroimaging Studies
- Electrocardiogram (EKG)

# SCREENING BENEFIT

(per calendar year per covered person)

\$50

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

<sup>1</sup>American Heart Association: 2022 Heart Disease and Stroke Statistics Update Fact Sheet At-a-Glance; January 24, 2022, p2.

### **Schedule of Benefits**

Depending on the plan selected by your employer, the following benefit amounts may be available. The employee benefit amounts can range from \$10,000, \$20,000 or \$30,000. Eligible children will be automatically covered at 25% of the employee's benefit amount at no additional cost. If elected, spousal benefit amounts will be 50% of the employee benefit amount.

<b>CRITICAL ILLNESS BENEFITS</b> Pays once per covered person for each critical illness shown below.					
	Benefit Percentage	Recurrent Diagnosis Benefit			
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%			
<b>Coronary Artery Bypass Surgery Benefit</b> Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit. No payment if the Heart Attack Benefit has been paid.	25%	-			
Stroke Benefit (Permanent damage due to a Stroke) Pays full lump sum benefit amount.	100%	50%			
<b>Paralysis Benefit (Permanent due to a covered accident)</b> Pays full lump sum benefit amount.	100%	-			
<b>Major Organ Failure Benefit</b> Pays full lump sum benefit amount.	100%	50%			
<b>End Stage Renal Failure Benefit</b> Pays full lump sum benefit amount.	100%	-			

### **EMPLOYEE MONTHLY PREMIUMS\***

	\$10,	,000	\$20,000		\$30,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$3.98	\$6.30	\$6.46	\$11.10	\$8.94	\$15.90
30-39	\$6.26	\$9.90	\$11.02	\$18.30	\$15.78	\$26.70
40-49	\$11.38	\$17.98	\$21.26	\$34.46	\$31.14	\$50.94
50-59	\$18.74	\$29.66	\$35.98	\$57.82	\$53.22	\$85.98
60 & Over	\$30.66	\$48.58	\$59.82	\$95.66	\$88.98	\$142.74

### **SPOUSE MONTHLY PREMIUMS\***

	\$5,0	000	\$10,000		\$15,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$2.40	\$4.18	\$3.30	\$6.86	\$4.20	\$9.54
30-39	\$3.76	\$6.58	\$6.02	\$11.66	\$8.28	\$16.74
40-49	\$6.84	\$11.96	\$12.18	\$22.42	\$17.52	\$32.88
50-59	\$11.30	\$19.74	\$21.10	\$37.98	\$30.90	\$56.22
60-69	\$18.50	\$32.32	\$35.50	\$63.14	\$52.50	\$93.96

\*The premium and benefits vary depending upon the amount selected at the time of application.

### **Effective Date**

Certificates will become effective on the requested effective date following the date we approve the application, providing you are on active employment and premium has been paid.

#### **Health Screening Benefit**

Pays \$50 when a covered employee or covered spouse receives a covered Health Screening Test. This benefit covers several qualified tests, including, but not limited to: blood test for triglycerides, doppler ultrasound, echocardiogram, electrocardiogram (EKG), fasting blood glucose test, serum cholesterol test to determine HDL and LDL levels, exercise or pharmacologic stress test, and neuroimaging studies. This policy pays for one test per covered employee and one test per covered spouse per calendar year, regardless of the number of tests received during the calendar year. This benefit is available without a diagnosis of a critical illness. This benefit does not reduce the critical illness lump sum benefit amount.

### **Critical Illness Benefit**

Pays once per covered person for each critical illness. Each critical illness must be separated by at least 90 days following the first critical illness occurrence date.

### **Heart Attack Benefit**

Pays following a Heart Attack due to coronary artery disease. Any previous amounts paid for a coronary artery bypass surgery will be deducted from the amount payable under this benefit.

*Heart Attack* means an acute myocardial infarction due to coronary artery disease resulting in the death of a portion of the heart muscle. Diagnosis must be supported by the onset of new symptoms and any of the following: EKG changes, the elevation of biochemical markers, or imaging studies consistent with acute myocardial infarction. In the event of death, an autopsy, medical examiner's confirmation, or death certificate identifying Heart Attack will be acceptable. Heart Attack does not include congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

### **Coronary Artery Bypass Surgery Benefit**

Pays following open heart surgery performed by a physician to correct coronary artery disease with bypass grafts. Coronary artery bypass surgery does not include balloon angioplasty, laser angioplasty, stenting, valve replacement surgery, or procedures other than coronary artery bypass surgery.

### Stroke Benefit (Permanent Damage Due To A Stroke)

Pays following permanent neurological damage to the brain due to a stroke that results from an acute or sub-acute interruption of blood flow to brain tissue as defined in the policy. Permanent damage due to a stroke does not include transient ischemic attacks (TIA).

### Paralysis Benefit (Permanent Due To A Covered Accident)

Injuries to the spinal cord due to a covered accident, which result in the loss of use of two or more limbs. Paralysis must be diagnosed as permanent, total, and irreversible.

#### **Major Organ Failure Benefit**

Pays following the date the covered person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung, or entire pancreas.

#### **End Stage Renal Failure Benefit**

Pays following the occurrence date of end stage renal failure resulting in irreversible failure of both kidneys to function and which requires regular dialysis or renal transplantation to sustain life.

#### **Recurrent Diagnosis Benefit**

Upon a second occurrence of certain specified critical illnesses, this benefit pays 50% of the amount previously paid under the policy. Covered critical illness events include Heart Attack, permanent damage due to a stroke, and major organ failure. The second occurrence date must be separated by at least 180 days following the first occurrence date of that same critical illness. Once a Recurrent Diagnosis Benefit has been paid for a critical illness, no further benefits for that same critical illness will be payable.

### **Limitations and Exclusions**

#### **Pre-Existing Condition Limitation**

No Critical Illness Benefit will be payable for a critical illness caused by or resulting from a Pre-Existing Condition when the critical illness occurrence date occurs before a covered person has been continuously covered under the policy for 12 consecutive months.

**Pre-Existing Condition** means a disease, accident, sickness, physical condition or mental illness for which a covered person has experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a physician, during the 12-month period immediately before the covered person's effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, accident, sickness, physical condition or mental illness.

#### Exclusions

We will not pay benefits for any critical illness resulting from or caused, directly or indirectly, by: (a) an intentionally selfinflicted accident or sickness; (b) suicide or attempted suicide while sane or insane; (c) participating in riots, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss while acting lawfully within the scope of authority; (d) being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions. Intoxication is determined and defined by the laws and jurisdiction of the geographical area where the event that caused the critical illness occurred; (e) committing or attempting to commit a felony; (f) being incarcerated in any type of penal institution; (g) alcoholism or drug addiction; (h) a diagnosis received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States.

### Portability

Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may be provided coverage under your certificate upon leaving employment until the earliest of these dates: (a) your 75th birthday; (b) 10 years from the portability effective date; (c) the date the policy is terminated; or (d) the date you fail to pay the required premium. You must have been continuously covered for 12 consecutive months before the date your coverage under the policy ends. Portability is not applicable to dependents.

### Leave of Absense

Your coverage may be continued for up to one year during a leave of absence approved in writing by your employer.

### **Termination of Coverage**

Coverage will continue as long as the group policy remains in force, the premiums are paid, and you remain eligible for coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Coverage for any dependent children will end when your coverage terminates or they no longer meet the definition of a dependent child. Coverage for your covered spouse will end on the earliest of: the date your coverage terminates, the end of the premium term in which they no longer meet the definition of a covered spouse, or the date you or your spouse turn 75. Your coverage can be terminated, or premiums may be increased on any premium due date with 31 (45- AK), (60- NV & WI) days advance notice.

This product contains limitations, exclusions, and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** This brochure highlights important features of the policy. Please refer to your certificate for complete details.



American Fidelity Assurance Company americanfidelity.com

### Infectious Disease Benefit Rider

# Protection for the Unexpected

Being diagnosed with an infectious disease can be unsettling, but you might rest a little easier knowing you have coverage with the **Infectious Disease Benefit Rider**. Benefits are paid directly to you and may help ease the financial pressures from a diagnosis.

### **How It Works**

If diagnosed with one of the covered infectious diseases below and hospitalized for a minimum of 7 days with that disease, the following benefits may be payable:

- Your Infectious Disease Benefit is **50%** of your Critical Illness Benefit. Coverage extends to your eligible children at **25%** of your Infectious Disease Benefit amount.
- Your spouse's Infectious Disease Benefit, if covered, will be **50%** of their Critical Illness Benefit amount.

## Did you know?



### **47,039,749 COVID cases** were reported in the U. S. during 2022.<sup>1</sup>

<sup>1</sup> CDC Centers for Disease Control and Prevention: COVID Data Tracker; Accessed from covid.cdc.gov on January 5, 2023.

### What's Covered

This benefit is paid to you based on a diagnosis of any of the following infectious diseases:

- Anthrax
- Methicillin-Resistant Staphylococcus Aureus (MRSA)
- Bacterial Cerebrospinal Meningitis
- Osteomyelitis
- Botulism
- Pertussis (Whooping Cough)

- Cholera
- Poliomyelitis
- COVID-19
- O Fever
- Dengue Fever
- Rabies
- Diphtheria
- Rocky Mountain Spotted Fever

- Encephalitis
  - Sepsis
  - Hansen's Disease
  - Tetanus
  - Hepatitis B or C
  - Trichinosis
- Histoplasmosis
- Tuberculosis

- Human
  Immunodeficiency Virus
  (HIV)
- Tularemia
- Legionnaire's Disease
- Typhoid Fever
- Malaria

Availability of this rider may vary by state. Refer to your policy for complete details. **This flyer must be used in conjunction with a G925 brochure.** The rider will terminate on the same date as the policy or certificate to which it is attached.



### Limitations

For benefits to be payable, the covered person must be admitted as a patient to a Hospital and charged for room and board facilities. *Hospital* shall not include an institution used by the covered person as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

- The covered infectious disease must be diagnosed after the covered person's effective date.
- The Infectious Disease Benefit will only be paid once per covered infectious disease, per covered person, per lifetime.
- Any infectious disease not explicitly listed in your policy document isn't payable under this rider.
- If two or more covered infectious diseases are diagnosed at the same time, benefits will only be paid for the disease that occurred first.
- The benefit amount will be paid after diagnosing a covered infectious disease, and a minimum hospitalization of 7 consecutive days with that infectious disease.
- The benefit amount will be paid to your beneficiary if:
  - You are diagnosed with a covered infectious disease, and you are hospitalized as an inpatient but pass away from the diagnosed infectious disease before the minimum hospitalization period of 7 consecutive days.

### **Pre-Existing Conditions**

No Infectious Disease Benefit will be payable for an infectious disease caused by or resulting from a Pre-Existing Condition when the infectious disease occurrence date occurs before the covered person has been continuously covered under this rider for 12 consecutive months.

**Pre-Existing Condition** means a disease, accident, sickness, physical condition or mental illness for which a covered person has experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12-month period immediately before the covered person's effective date of coverage under this rider.

The term Pre-Existing Condition also includes conditions related to such disease, accident, sickness, physical condition, or mental illness.

	Monthly Premiums
Individual per <b>\$1000</b> benefit amount Children per <b>\$250</b> benefit amount	\$1
Spouse per <b>\$1000</b> benefit amount	\$1

### **Termination**

Your coverage will end on the earliest of these dates.

- The end of the last period for which premium has been paid.
- The date you notify us in writing to terminate coverage.
- The end of the month following your 75th birthday.
- The date the rider is discontinued.
- The date the policy is discontinued.
- The date your employment terminates.

