

## Plan Highlights

# Critical Illness

## Unified Employers Trust - City of NY Program

### COVERAGE

Critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which include heart attack, cancer, 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 childcare.

### ELIGIBILITY

All eligible Employees and their dependents as defined by **Unified Employers Trust - City of NY Program** and reflected in your Certificate of Insurance. A person may not have coverage as both an Employee and Dependent.

### BENEFITS AMOUNTS

<b>Employee</b>	Choose from an option of \$10,000 or \$20,000
<b>Spouse</b>	Choose from an option of \$5,000 or \$10,000, not to exceed 50% of approved employee amount
<b>Child</b>	50% of employee coverage

### BENEFIT FEATURES

- Portability – you can take your coverage with you at the same rates
- Recurrence Benefit – (Same type of Critical Illness diagnosed months or later)
- Wellness Benefits – Any preventative health screening or test including but not limited to, annual physicals, immunizations, dental exams and mental health screenings.
- Subsequent Occurrence Benefit (Different Type of Critical Illness diagnosed)

### GUARANTEED ISSUE

<b>Employee</b>	\$20,000
<b>Spouse</b>	\$10,000
<b>Child</b>	All Child amounts are guaranteed issue.



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## **BENEFIT PROVISIONS**

### **Recurrence**

We pay an additional benefit as shown on the Certificate of Insurance for a Critical Illness that is the same Critical Illness previously diagnosed and for which a benefit was paid under the policy as long as the diagnoses are separated by at least six months as shown on the Certificate of Insurance.

### **Subsequent Occurrence**

We pay for a Critical Illness diagnosed different from a Critical Illness previously diagnosed for which a benefit has been paid under the policy.

## **CONTRIBUTION REQUIREMENTS**

Coverage is 100% employee paid.

## **PREMIUM TABLE**

Refer to the attached Premium Table



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## INCLUDED BENEFITS

DIAGNOSIS	COVERAGE PERCENTAGE
Acute Respiratory Distress Syndrome	25%
Alzheimer's	100%
Benign Brain Tumor	100%
Carcinoma in Situ	25%
Coma	100%
Coronary Disease	50%
Heart Attack	100%
Invasive Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	100%
Occupational Hepatitis	100%
Occupational HIV	100%
Paralysis	100%
Parkinson's	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Severe Brain Damage	100%
Skin Cancer	5%
Stroke	100%
<b>CHILD DIAGNOSIS</b>	
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%
<b>GENERAL PLAN PROVISIONS</b>	
Wellness (Health Screening) Benefit	\$50.00
Lifetime Maximum Benefit	1000% of the Amount of Insurance
Recurrence Benefit	100% of Benefit/6 months separation
Subsequent Occurrence	100% of Benefit
Benefit Waiting Period	None
Pre-Existing Limitation	12 month look back / 12 month exclusion
FMLA & Military LOA (USERRA)	Included
Portability	Included

## EXCLUSIONS AND LIMITATIONS

Exclusions and limitations apply and can vary by state. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance.

## NON-INSURANCE SERVICES

- Travel Assistance Services

## ADDITIONAL INFORMATION

This Plan Highlights document provides a brief description of the key features of the Reliance Standard Life Insurance Company 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.



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# Critical Illness Insurance Premium Table

## Plan Holder: Unified Employers Trust - City of NY Program

### Policy Number: VCI2000015187

#### SCHEDULED BENEFIT

Each eligible employee may elect coverage for his/her self and eligible dependents, an amount of insurance shown in the table below.

#### PREMIUMS

To find you and your spouse's premium:

- Determine your age band (your age as of your last birthday).
- Select a benefit amount from the Benefit Amount column from the table below for you and your spouse. The rates for insurance you have elected will be found in the corresponding Age range column also below.
- When electing coverage for your spouse, you will use your age as of your last birthday.

Please note the following:

- Your and your spouse's rates change as you and your spouse move from one age bracket to the next, based on the age determination rules.

#### Employee Monthly Premiums: (child coverage also included in the listed rates below)

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
<b>\$10,000</b>	\$3.60	\$5.60	\$7.00	\$9.90	\$15.60	\$22.20	\$30.20	\$46.00	\$69.80	\$115.00
<b>\$20,000</b>	\$7.20	\$11.20	\$14.00	\$19.80	\$31.20	\$44.40	\$60.40	\$92.00	\$139.60	\$230.00

#### Spouse Monthly Premiums:

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
<b>\$5,000</b>	\$1.80	\$2.80	\$3.50	\$4.95	\$7.80	\$11.10	\$15.10	\$23.00	\$34.90	\$57.50
<b>\$10,000</b>	\$3.60	\$5.60	\$7.00	\$9.90	\$15.60	\$22.20	\$30.20	\$46.00	\$69.80	\$115.00

#### Dependent Child(ren)

Your dependent child(ren) is eligible for a benefit amount of 50% of your Critical Illness benefit election.

#### Dependent Child(ren) Premium included in Employee Rates.

#### Please read this important information

Employee must have coverage in order for spouse and dependent children to be covered, if applicable.



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