

# Group Specified Disease Insurance



## How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

## Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit	
Every year, each family member who has Specified Disease coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:	
<ul style="list-style-type: none"> <li>• Annual exams by a physician include sports physicals, well-child visits, dental and vision exams</li> <li>• Screenings for cancer, including pap smear, colonoscopy</li> <li>• Cardiovascular function screenings</li> </ul>	<ul style="list-style-type: none"> <li>• Screenings for cholesterol and diabetes</li> <li>• Imaging studies, including chest X-ray, mammography</li> <li>• Immunizations including HPV, MMR, tetanus, influenza</li> </ul>

## Who can get coverage?

You:	Choose from \$10,000 to \$50,000 of coverage in increments of \$5,000 with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 100% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

## Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

## What's covered?

Critical Illnesses	
<ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke</li> <li>• Major organ failure</li> <li>• End-stage kidney failure</li> <li>• Sudden cardiac arrest</li> </ul>	<ul style="list-style-type: none"> <li>• Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement</li> <li>• Minor (10%): Balloon angioplasty or stent placement</li> </ul>
Cancer conditions	
<ul style="list-style-type: none"> <li>• Invasive cancer — all breast cancer is considered invasive</li> <li>• Non-invasive cancer (25%)</li> </ul>	<ul style="list-style-type: none"> <li>• Skin cancer — \$500</li> </ul>
Progressive diseases	Supplemental conditions
<ul style="list-style-type: none"> <li>• Amyotrophic Lateral Sclerosis (ALS)</li> <li>• Dementia, including Alzheimer's disease</li> <li>• Multiple Sclerosis (MS)</li> <li>• Parkinson's disease</li> <li>• Functional loss</li> <li>• Huntington's Disease</li> <li>• Lupus</li> <li>• Muscular Dystrophy</li> <li>• Myasthenia Gravis</li> <li>• Systemic Sclerosis (Scleroderma)</li> <li>• Addison's Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of sight, hearing or speech</li> <li>• Benign brain tumor</li> <li>• Coma</li> <li>• Permanent Paralysis</li> <li>• Occupational HIV, Hepatitis B, C or D</li> <li>• Occupational PTSD</li> </ul> <p><b>Paid at 25%</b></p> <ul style="list-style-type: none"> <li>• Infectious Diseases</li> <li>• Pulmonary Embolism</li> <li>• Transient Ischemic Attack (TIA)</li> <li>• Bone Marrow/Stem Cell</li> </ul>

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

Monthly rates per \$1,000 of coverage				
Age	Non-Tobacco		Tobacco	
	Employee	Spouse	Employee	Spouse
under 25	\$0.28	\$0.28	\$0.33	\$0.33
25 - 29	\$0.35	\$0.35	\$0.49	\$0.49
30 - 34	\$0.44	\$0.44	\$0.64	\$0.64
35 - 39	\$0.59	\$0.59	\$0.95	\$0.95
40 - 44	\$0.79	\$0.79	\$1.31	\$1.31
45 - 49	\$1.05	\$1.05	\$1.89	\$1.89
50 - 54	\$1.38	\$1.38	\$2.54	\$2.54
55 - 59	\$1.88	\$1.88	\$3.57	\$3.57
60 - 64	\$2.64	\$2.64	\$5.00	\$5.00
65 - 69	\$3.54	\$3.54	\$5.53	\$5.53
70 - 74	\$6.10	\$6.10	\$9.25	\$9.25
75 - 79	\$6.94	\$6.94	\$9.61	\$9.61
80 - 84	\$6.91	\$6.91	\$9.64	\$9.64
85+	\$6.95	\$6.95	\$9.84	\$9.84

### Calculate your cost

Choose the rate for your current age:

$$\begin{array}{ccccccc}
 \$ \text{ _____} & \div \$1,000 & \times \text{ _____} & + \$- & = \$ \text{ _____} \\
 \text{Amount of} & & \text{Rate} & & \\
 \text{coverage} & & & & \\
 \text{you want} & & & & 
 \end{array}$$

Actual billed amounts may vary. For illustrative purposes only.

**Active employment:** You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

Your paycheck deduction will include the cost of coverage and the Be Well Benefit. Actual billed amounts may vary.

### **Exclusions and limitations**

We will not pay benefits for any Covered Loss that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation;
- being engaged in an illegal activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- war or any act of war, whether declared or undeclared. This does not include any acts of terrorism;
- combat or training for combat while serving in the National Guard or the armed forces of any nation, state, authority, or organization;
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical substance or controlled substance unless taken as directed by the manufacturer, or as prescribed or directed by the Insured's Physician;
- a Covered Loss that occurs while an Insured is incarcerated in a penal or correctional institution, or under house arrest or confinement.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

### **Continuity of coverage**

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date. Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate. If you have not returned to Active Employment before any Insured's Date of Diagnosis, any benefits payable will be limited to what would have been paid by the prior carrier.

Date of diagnosis must be after the coverage effective date.

### **End of employee coverage**

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Specified Disease Insurance.

Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

Unum complies with applicable civil union and domestic partner laws.

#### **THIS INSURANCE PROVIDES LIMITED BENEFITS**

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Certificate Form UIC-GCIC16-2 and Policy Form UIC-GCIP16-2 or contact your Unum representative.

Underwritten by: Unum Insurance Company, Portland, Maine

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