

# Group Critical Illness Insurance

## Benefits Proposal

This proposal has been  
prepared for:

Marion Community Unit School  
District #2

Presented by:

Aflac Group

Proposal State:

Illinois

Presentation Date:

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Continental American Insurance Company (CAIC)  
A proud member of the Aflac family of insurers.  
Policy Form Series C22000

# Group Critical Illness Insurance

## Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid directly to your employees (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

Features and Plan Provisions (specific benefit provisions may vary by situs state)	
<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Spouse Coverage</b>	Up to 100% of the face amount elected by the employee
<b>Child Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Guaranteed Issue Amounts</b>	<b>Employee:</b> Up to \$30,000 <b>Spouse:</b> Up to \$30,000 <b>Participation Requirement:</b> 0%
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Exclusion</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	2 Year(s)
<b>Portability/Continuation</b>	Evergreen
<b>Rate Type</b>	Attained Age
<b>Eligibility</b>	<b>Work Week Hours:</b> Employee must work at least 16 hours per week <b>Length of Employment:</b> No minimum requirement; set by employer
<b>Waiver of Premium</b>	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate
<b>Successor Insured Waiver of Premium</b>	Not Included
<b>Separation Period - Additional Diagnosis/ Reoccurrence</b>	<b>Additional Diagnosis:</b> 6 consecutive months <b>Reoccurrence:</b> 6 consecutive months
<b>Successor Insured</b>	Included
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

# Group Critical Illness Insurance

## Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	100%
Major Organ Transplant*	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Type I Diabetes	100%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Paralysis	100%

\*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$1000 per calendar year
Metastatic Cancer	25%

Health Screening Benefit	
Health Screening (payable for employee and spouse only)	\$50
Health Screening (payable for dependent children)	100% of the Health Screening Amount
Payable per calendar year	1

Accident Benefits*	
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Paralysis	100%
Severe Burns	100%

\*Benefits are payable for loss due to, caused by, and attributed to, a covered accident

Cancer Treatment Rider	
<b>Nonsurgical Treatment Category</b>	
Therapy Benefit (once per calendar month)	\$1,000
Hormonal Therapy Benefit (once per calendar month)	\$25
<b>Indirect/Additional Therapy Category</b>	
Blood and Plasma Benefit (per day)	\$50
<b>Surgical Treatment Category</b>	
Outpatient Surgery Benefit (maximum of one per day, twice per calendar year)	\$150
Inpatient Surgery Benefit (maximum of one per day, twice per calendar year)	\$300
<b>Hospitalization Category</b>	
Hospital Confinement Benefit (per day)	\$250
<b>Transportation and Lodging Category</b>	
Transportation Benefit (per mile)	\$0.40
Maximum for all travelers per round trip: \$1,200	
Lodging Benefit (per day)	\$65
Maximum: 90 days per calendar year	
Hospital/medical facility must be more than 50 miles from the residence of the insured.	

### Childhood Conditions Rider

Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida	50% of employee benefit
Autism Spectrum Disorder	\$3,000

### Progressive Diseases Rider

Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Sustained Multiple Sclerosis (MS)	100%
Chronic Obstructive Pulmonary Disease (COPD)	25%
Crohn's Disease	25%

### Specified Diseases Rider

Tier 1 – Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25%
Tier 2 - Human Coronavirus Only	
Hospitalization: 4+days	10%
Hospitalization: 10+days	25%
Hospitalization: Intensive Care Unit (ICU)	40%

*Please request a sample policy for full benefit provisions and descriptions.*

# Group Critical Illness Insurance

## Premium Rates

### Employee Uni-Tobacco Semimonthly Premiums

Age	\$10,000	\$20,000	\$30,000
18-25	\$7.36	\$14.72	\$22.07
26-30	\$8.25	\$16.49	\$24.74
31-35	\$9.04	\$18.09	\$27.13
36-40	\$10.10	\$20.20	\$30.30
41-45	\$11.80	\$23.60	\$35.40
46-50	\$13.88	\$27.76	\$41.63
51-55	\$18.98	\$37.95	\$56.93
56-60	\$21.80	\$43.61	\$65.41
61-65	\$32.32	\$64.63	\$96.95
66+	\$47.84	\$95.68	\$143.52

### Spouse Uni-Tobacco Semimonthly Premiums

### Spouse Uni-Tobacco Semimonthly Premiums

Age	\$10,000	\$20,000	\$30,000
18-25	\$7.36	\$14.72	\$22.07
26-30	\$8.25	\$16.49	\$24.74
31-35	\$9.04	\$18.09	\$27.13
36-40	\$10.10	\$20.20	\$30.30
41-45	\$11.80	\$23.60	\$35.40
46-50	\$13.88	\$27.76	\$41.63
51-55	\$18.98	\$37.95	\$56.93
56-60	\$21.80	\$43.61	\$65.41
61-65	\$32.32	\$64.63	\$96.95
66+	\$47.84	\$95.68	\$143.52

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

# Group Critical Illness Insurance

## Benefits Summary

*(Benefit provisions vary by situs state)*

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

### Initial Diagnosis

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

### Additional Diagnosis

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### Reoccurrence

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### Health Screening Benefit

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. See Master Policy for the full list of covered health screening tests.

### Accident Benefits

Accident Benefits are payable if the loss is solely due to, caused by, and attributed to, a covered accident.

### Cancer Treatment Rider

Benefits are payable for the specified services listed.

Therapy includes radiation therapy, chemotherapy, immunotherapy, or experimental chemotherapy as part of a treatment regimen for cancer (internal or invasive).

Blood and Plasma benefit does not pay for immunoglobulins, Immunotherapy,

Outpatient surgery must be performed:

- In a hospital on an outpatient basis,
- In an ambulatory surgical center,
- In a doctor's office, or
- In an emergency room.

Transportation benefit mileage is measured from the insured's home to the treatment facility. Not payable for transportation by ambulance to or from any hospital.

Lodging benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment.

### Childhood Conditions Rider

Benefits are payable if a dependent child is diagnosed with one of the conditions listed. Autism benefit is not payable if the DSM severity level specifier is less than Level 1. For any subsequent childhood condition to be covered, the two dates of diagnosis must satisfy the separation period for Reoccurrence.

### Progressive Diseases Rider

One benefit per disease is payable if an insured is diagnosed with one of the diseases listed. For any subsequent progressive disease to be payable, the two dates of diagnosis must satisfy the separation period for Reoccurrence.

**Specified Diseases Rider**

Tier 1 - Benefits are payable if an insured is diagnosed with one of the diseases listed. For any subsequent Tier 1 specified disease to be payable, the two dates of diagnosis for Tier 1 diseases must satisfy the separation period for Reoccurrence.

Tier 2 – Benefits are payable if an insured is diagnosed with one of the diseases listed and such diagnosis results in either a period of Hospital confinement or a period of Hospital Intensive Care Unit confinement as a direct result of the disease. For any subsequent Tier 2 specified disease to be payable, the two dates of diagnosis for Tier 2 diseases must satisfy the separation period for Reoccurrence.

\*Plan designs vary and appearance of benefit provisions here does not guarantee coverage.

# Group Critical Illness Insurance

## Limitations & Exclusions

### Exclusions

We will not pay for loss due to:

- **Self-Inflicted Injuries** - injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured

Diagnosis must be made and treatment must be received in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

All limitations and exclusions that apply to the critical illness plan also apply to the riders unless amended by the riders.



# Group Critical Illness Insurance

## Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.