

GROUP CRITICAL ILLNESS INSURANCE

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, Iowa.



An Ounce of Prevention

Recurrent critical illness benefits, screening tests plus a wellness rider makes this coverage worth it's weight in cure.

You don't need the answer, just a plan.

Critical Illness insurance is designed to provide you with benefits to help pay for critical health care needs. Your policy provides a lump sum benefit for certain critical illnesses and additional benefits when you are initially diagnosed with the following conditions: heart attack, stroke, paralysis, burns, end-stage renal failure, and surgery including heart transplant, coronary bypass, angioplasty/stent and major organ transplant.

Understanding CriticalAssistanceSM Plus

Purchase coverage from \$5,000 to \$50,000, in increments of \$5,000. Employee only, one parent family and two parent family coverage is available. If dependent coverage is elected by the employee, the benefit amount for each dependent will be equal to 50% of the employee's benefit amount.

Critical Illness Lump Sum Benefit

CriticalAssistance Plus pays you a lump sum benefit equal to the Benefit Election multiplied by the applicable percentage shown in the Schedule of Benefits upon the initial positive diagnosis¹ for the first ever occurrence of a covered critical illness within each category. If the benefit payment is less than 100% of the selected benefit amount, we will pay a lump sum benefit amount upon the diagnosis of a different type of critical illness within the same category. The maximum lifetime benefit is three times the selected lump sum benefit amount.

Recurrent Critical Illness Benefit

This benefit pays a lump sum benefit equal to 50% of the Critical Illness Lump Sum Benefit amount for critical illnesses not eligible for the Critical Illness Benefit. For example: If you are diagnosed for the first time with a heart attack and then diagnosed with a subsequent heart attack more than 12 months later, the full benefit will be paid for the initial heart attack and 50% of the benefit will be paid for the subsequent heart attack.

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¹ The positive diagnosis must be the first diagnosis for any critical illness within the same category as the critical illness just diagnosed and be made after the effective date of coverage and while coverage is in force.

The following wellness benefits do not require a diagnosis of cancer, but must be performed to determine whether cancer exists.

Cancer Screening Benefit

The Cancer Benefit Rider (Category 3), **pays \$50** per covered person per calendar year for a covered cancer screening test.

Covered Cancer Screening Tests				
pap smears	flexible sigmoidoscopy	colonoscopy	chest x-rays	mammogram
thermography	serum protein electrophoresis	hemocult stool specimen	biopsy	bone marrow testing
CEA (for colon cancer)	CA 125 (for ovarian cancer)	PSA (prostate specific antigen)	ultrasounds	blood screenings

Cancer Screening Wellness Benefit Rider

This benefit pays an **additional \$50** per calendar year for each covered person when a charge is incurred for a covered cancer screening test.

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Plan Benefits		Percentage of Benefit
Category 1	Heart Attack	100%
	Stroke	100%
	Heart Transplant Surgery	100%
	Coronary Bypass Surgery	25%
	Angioplasty/Stent	5%
Category 2	Major Organ Transplant Surgery (excluding heart)	100%
	End-Stage Renal Failure	100%
	Paralysis not due to Stroke – all 4 limbs (50% if less than four limbs)	100%
	Burns (3 rd degree of 50% coverage)	100%
Category 3	Invasive Cancer	100%
	Carcinoma in situ	25%
	Prostate Cancer with TNM Classification T1	25%
	Skin Cancer	5%
	Cancer Screening Benefit	\$50
Plan Benefit Riders		
Cancer Screening Wellness Benefit Rider		\$50

CriticalAssistanceSM Plus—Group Critical Illness Insurance Policy

Summary of Benefits

Critical Illness Lump Sum Benefit

CriticalAssistance Plus pays you a lump sum benefit equal to the Benefit Election multiplied by the applicable percentage shown in the Schedule of Benefits upon the initial positive diagnosis* for the first ever occurrence of a covered critical illness within each category (as selected by your employer). If the benefit payment is less than 100% of the selected benefit amount, we will pay a lump sum benefit amount upon the diagnosis of a different type of critical illness within the same category.

The cumulative Critical Illness Lump Sum Benefit paid within each category will not exceed 100% of the benefit amount. The maximum lifetime benefit is three times the selected lump sum benefit amount. There is also a Recurrent Critical Illness Benefit (refer to the next page for information).

* The positive diagnosis must be the first diagnosis ever for any critical illness within the same category as the critical illness just diagnosed and be made after the effective date of coverage and while coverage is in force.

Recurrent Critical Illness Benefit

This benefit pays a lump sum benefit equal to 50% of the Critical Illness Lump Sum Benefit amount for critical illnesses not eligible for the Critical Illness Benefit. The total recurrent benefit paid within each category will not exceed 50% of the benefit amount.

For example: If you are diagnosed for the first time with a heart attack and then diagnosed with a subsequent heart attack more than 12 months later, the full benefit will be paid for the initial heart attack and 50% of the benefit will be paid for the subsequent heart attack.

Cancer Screening Benefit

For plans with the Cancer Benefit Rider (Category 3), this benefit pays \$50 per covered person per calendar year for one of the following covered cancer screening tests: mammogram, Pap smears, flexible sigmoidoscopy, PSA (prostate-specific antigen tests), chest x-rays, hemocult stool specimen, ultrasounds, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings. These tests must be performed to determine whether cancer exists in a covered person. This is a preventive benefit; diagnosis of cancer is not required for this benefit to be payable. This benefit is limited to one payment per calendar year per covered person.

This wellness benefit will be paid in addition to any other benefit.

Additional Benefit

Cancer Screening Wellness Benefit Rider

This benefit pays \$50 per calendar year for each covered person when a charge is incurred for one of the following covered cancer screening tests: mammogram, Pap smears, flexible sigmoidoscopy, PSA (prostate-specific antigen tests), chest x-rays, hemocult stool specimen, ultrasounds, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings.

These tests must be performed to determine whether cancer exists in a covered person. This is a preventive benefit; diagnosis of cancer is not required for this benefit to be payable. This benefit is limited to one payment per calendar year per covered person.

This wellness benefit will be paid in addition to any other benefit.

CriticalAssistance Plus Limitations and Exclusions

CriticalAssistance Plus contains certain restrictions and exclusions, which are detailed below. It's important that you fully understand these restrictions and limitations.

We may reduce or deny a claim or void coverage for loss incurred by a covered person a) during the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk; or b) at any time for fraudulent misstatements in the application.

Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Condition Provision

No benefits are provided during the first 12 months for any critical illness that has been diagnosed, treated, or for which the covered person has incurred expense or has taken medication within 12 months prior to the effective date of such person's coverage.

A pre-existing condition is a sickness or physical condition for which the insured:

1. had treatment,
2. incurred expense,
3. took medication or
4. received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of the insured's coverage. A pre-existing condition also includes a condition that manifests itself in a way that would cause a person to seek medical advice, diagnosis, care or treatment.

Other Exclusions

Additionally, the CriticalAssistance Plus policy does not cover losses caused by, or as a result of the following: conditions other than those due to a covered critical illness.

- the covered person participating or attempting to participate in an illegal activity.
- the covered person intentionally causing self-inflicted injury.
- the covered person committing or attempting to commit suicide, whether sane or insane. In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage.
- surgeries performed outside the United States or its territories.
- the covered person's involvement in any period of armed conflict.

Cancer Screening Wellness Benefit Rider

We will only pay this benefit once per calendar year for each covered person. Proof of the charges incurred for the cancer screening tests must be submitted with each new claim. We will only pay the cancer screening benefit once per calendar year for each covered person.

Termination of Coverage

Subject to the Portability Option, your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which you cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to us;
3. The last day of the payroll deduction period during which you terminate employment;
4. The date the group master policy terminates; or
5. The date you send us a written notice that you want to cancel coverage.

The insurance on a dependent will cease on the earliest of:

1. The date your coverage terminates; or
2. The end of the last period for which premium payment has been made to us;
3. The date the dependent no longer meets the definition of dependent;
4. The date the policy is modified to exclude dependent coverage; or
5. The date you send us a written notice that you want to cancel your dependent's coverage.

We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

Portability Option

If you lose eligibility for this insurance for any reason other than nonpayment of premiums, you will have the option to continue the coverage (including any riders, if applicable) by paying the premiums directly to the company or at our administrative office within 31 days after this insurance terminates. We will bill you directly for these premiums after you notify us to continue coverage. If you stop paying the premiums under this option, this coverage will continue, subject to the terms of the grace period.

Waiting Period

There is no waiting period.