Critical Illness Insurance

Class Description(s): All Active Full-time Employees Plan Description: CI Standard Plan Eligibility Requirement: Eligible person working 20 hours per week

Coverage Amounts	Description
EMPLOYEE COVERAGE AMOUNT(S)	\$10,000 or \$20,000 or \$30,000
SPOUSE COVERAGE AMOUNT	\$5,000 for \$10,000 Employee Coverage Amount \$10,000 for \$20,000 Employee Coverage Amount \$15,000 for \$30,000 Employee Coverage Amount
CHILD(REN) COVERAGE AMOUNT	\$5,000 for \$10,000 Employee Coverage Amount \$5,000 for \$20,000 Employee Coverage Amount \$10,000 for \$30,000 Employee Coverage Amount
GUARANTEED ISSUE AMOUNT(S) ¹	Employee: \$30,000 Spouse and/or Child(ren): All amounts
REDUCTION DUE TO AGE	Not Included

Critical Illness Benefits

The Hartford's Critical Illness plan will pay a lump sum benefit for a covered person diagnosed with any of the following covered illnesses while insurance is in effect, subject to any Pre-existing Condition Limitation. State specific variations may apply to the benefits shown below.

COVERED ILLNESS	BENEFIT
Cancer	
Invasive Cancer	100% of coverage amount
Non-Invasive Cancer	25% of coverage amount
Benign Brain Tumor	100% of coverage amount
Vascular	
Heart Attack	100% of coverage amount
Heart Transplant	100% of coverage amount
Coronary Artery Bypass Graft	25% of coverage amount
Angioplasty/Stent	25% of coverage amount
Stroke	100% of coverage amount
Aneurysm	25% of coverage amount
Other Specified	
Major Organ Transplant	100% of coverage amount
End Stage Renal Failure	100% of coverage amount
Coma	100% of coverage amount
Paralysis	100% of coverage amount
Loss of Vision	100% of coverage amount
Loss of Hearing	100% of coverage amount
Loss of Speech	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
Neurological (Optional Benefits Package)	
Advanced Parkinson's	100% of coverage amount
Amyotrophic Lateral Sclerosis (ALS or "Lou Gehrig's")	100% of coverage amount
Advanced Multiple Sclerosis (MS)	100% of coverage amount
Child Specified (Optional Benefits Package)	



Cerebral Palsy	100% of coverage amount
Congenital Heart Disease	100% of coverage amount
Cystic Fibrosis (CF)	100% of coverage amount
Muscular Dystrophy	100% of coverage amount
Spina Bifida	100% of coverage amount
Additional Plan Features & Services	
BENEFIT SEPARATION PERIOD	Different (Non-related) Illness: NoneRelated Illness: 30 days
COVERAGE MAXIMUM (% of coverage amount)	Employee/Spouse: 500%; Child(ren): 300%
RECURRENCE BENEFIT (% of coverage amount)	100%; 12 months separation period
HEALTH SCREENING BENEFIT	\$50 once per year for each covered person
PRE-EXISTING CONDITION LIMITATION	6 Months Lookback/ 6 Months Continuously Insured
POLICY AGE LIMIT	None
PORTABILITY	Included
CONTINUATION OF COVERAGE	Included
CONTINUITY OF COVERAGE	Included
ABILITY ASSIST ^{®2}	Included
HEALTH CHAMPION ^{SM 2}	Included
ENROLLMENT TYPE	Annual Open ³
EMPLOYEE CONTRIBUTION	100% employee paid (Voluntary)
INITIAL RATE GUARANTEE PERIOD	Two Years
NUMBER OF ELIGIBLE EMPLOYEES	850
MINIMUM PARTICIPATION REQUIREMENT	10 enrolled employees

¹ Guaranteed issue coverage is only available if the minimum participation requirement is met. If participation does not meet the required level, the Guaranteed Issue Amount(s) may be reduced or rescinded. Guaranteed Issue benefits payable are subject to the plan's pre-existing conditions limitation(s).

² HealthChampion³⁴ and Ability Assist[®] are offered through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

³ Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter. Guarantee Issue and pre-existing condition limitations apply. Annual Open Enrollment necessitates that pre-defined enrollment experience practices are agreed to be implemented by the employer.



Attained Age Uni-Tobacco Monthly Premium Rates for \$10,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-24	\$2.99	\$4.93	\$5.99	\$8.43
25-29	\$3.60	\$5.85	\$6.38	\$9.09
30-34	\$3.99	\$6.46	\$6.39	\$9.25
35-39	\$4.95	\$7.90	\$7.13	\$10.44
40-44	\$6.75	\$10.68	\$8.73	\$12.98
45-49	\$10.18	\$16.02	\$12.12	\$18.27
50-54	\$13.93	\$21.84	\$15.81	\$24.03
55-59	\$18.80	\$29.42	\$20.67	\$31.59
60-64	\$26.22	\$40.92	\$28.06	\$43.07
65-69	\$35.60	\$55.20	\$37.44	\$57.35
70-74	\$46.98	\$72.66	\$48.82	\$74.81
75-79	\$61.07	\$94.06	\$62.91	\$96.21
80+	\$69.88	\$107.54	\$71.72	\$109.69

Critical Illness Rates

	Attained Age Uni-Tobacco Monthly Premium Rates				
for \$20,000 Coverage Amount					
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family	
18-24	\$5.03	\$8.00	\$8.03	\$11.49	
25-29	\$6.18	\$9.71	\$8.95	\$12.94	
30-34	\$6.93	\$10.85	\$9.32	\$13.64	
35-39	\$8.83	\$13.70	\$11.01	\$16.23	
40-44	\$12.36	\$19.11	\$14.33	\$21.41	
45-49	\$19.16	\$29.64	\$21.09	\$31.89	
50-54	\$26.66	\$41.27	\$28.53	\$43.45	
55-59	\$36.38	\$56.40	\$38.25	\$58.57	
60-64	\$51.22	\$79.39	\$53.06	\$81.54	
65-69	\$69.97	\$107.96	\$71.81	\$110.11	
70-74	\$92.73	\$142.88	\$94.57	\$145.03	
75-79	\$120.91	\$185.68	\$122.75	\$187.82	
80+	\$138.53	\$212.63	\$140.38	\$214.78	

Attained Age Uni-Tobacco Monthly Premium Rates for \$30,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-24	\$7.07	\$11.06	\$12.20	\$17.05
25-29	\$8.75	\$13.56	\$13.45	\$19.03
30-34	\$9.87	\$15.24	\$13.79	\$19.82
35-39	\$12.71	\$19.50	\$16.20	\$23.57
40-44	\$17.97	\$27.53	\$21.06	\$31.14
45-49	\$28.14	\$43.26	\$31.15	\$46.77
50-54	\$39.38	\$60.69	\$42.27	\$64.07
55-59	\$53.96	\$83.38	\$56.83	\$86.73



60-64	\$76.21	\$117.87	\$79.05	\$121.17
65-69	\$104.34	\$160.72	\$107.17	\$164.02
70-74	\$138.48	\$213.09	\$141.31	\$216.39
75-79	\$180.75	\$277.29	\$183.58	\$280.59
80+	\$207.19	\$317.72	\$210.02	\$321.02

Rates are based on the attained age of the Employee and increase as he/she enters each new age category Rates/benefits may be changed on a class basis.



Critical Illness Insurance – Limitations & Exclusions

Please note the following descriptions that further explain some of our features. The descriptions are based on our standard language. The information provided below is applicable in most states; however, please be aware that state variations may apply.

Pre-existing Condition Limitation

Benefits are not payable for any covered illness that results from, or is caused or contributed to by, a pre-existing condition until 6 months after a covered person is continuously insured under the policy. A pre-existing condition includes any covered illness for which a covered person received treatment in the 6 months prior to the date the person became insured. The limitation will also apply to any increases in coverage under the plan, from the date of the increase.

This limitation does not apply to newborn children. State variations may apply.

Exclusions

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

General Limitations

Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable Benefit Separation Period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a Recurrence provision
- For which a covered person has already received a benefit payment under the Recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in a covered person's certificate.

