Critical Illness insurance

Barry-Wehmiller Companies, Inc. | All Eligible Employees | 955301

Protect your savings in case of a serious illness

An illness can lead to unexpected costs not covered by your health plan. Deductibles and copays, or other costs like travel and child care can reduce your savings. Critical illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition, like a heart attack or stroke. The benefit is paid directly to you, to use however you want.

How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

Benefits

Delients				
For you	You can choose from \$10,000 to \$40,000 of coverage—in increments of \$10,000—with no medical questions asked.			
For your spouse**	If you elect coverage for yourself, you can choose from \$10,000 to \$40,000 of coverage—in increments of \$10,000—with no medical questions asked. (Not to exceed 100% of your coverage amount.)			
For your child(ren)	If you elect coverage for yourself, you can choose (for each eligible child) from \$5,000 to \$20,000 of coverage—in increments of \$5,000—with no medical questions asked. The coverage you select for your child(ren) cannot exceed 50% of your coverage amount.) An eligible child is defined as your child from birth to age 26.			
	to age 26.			



What did Critical Illness insurance mean for Denise?

Denise had a heart attack in her mid-40s. Her medical expenses piled up at the worst possible time.

- Denise filed a claim with Sun Life. We reviewed her medical information, including details from her physician and approved her claim.
- Denise received her cash benefit which helped her pay her medical deductible and copays, and travel expenses for medical appointments.
- 3. The insurance allowed Denise to focus on her recovery, and less on her bank account

High blood pressure is a contributing factor to heart attack and stroke. The number of people who have HBP*:

- Nearly 1 in 5 people, aged 35-44
- 1 in 3 people, aged 45-54
- More than half of people aged 55-64



Covered Conditions

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance's effective date. The full list of conditions is listed here.

Covered conditions - The plan pays 100% of the benefit amount unless stated otherwise

Core		

Heart Attack^R

End-Stage Kidney Disease^R

Occupational HIV/Hepatitis B, C, or D

Major Organ Failure^R

Stroke^R

Coronary Artery Bypass Graft^R (Plan pays 25%)

Angioplasty^R (Plan pays 5%)

R = Recurrence Benefit available

Cancer Conditions

Invasive Cancer

Non-Invasive Cancer (Plan pays 25%)

Skin Cancer (Plan pays 5%)

Other Conditions

Complete Blindness

Complete Loss of Hearing

Loss of Speech

Benign Brain Tumor

Coma

Paralysis

Severe Burns

Advanced ALS/Lou Gehrig's Disease

Advanced Parkinson's Disease (Plan pays 25%) Advanced Alzheimer's Disease (Plan pays 25%)

Childhood Conditions – Applies to dependent children only

Down Syndrome

Cystic Fibrosis

Type 1 Diabetes Mellitus

Complex Congenital Heart Disease

Cerebral Palsy

Cleft Lip/Palate

Muscular Dystrophy

Spina Bifida

Wellness screening benefit

Payable to any covered person on your plan one time each year, once you provide proof of an eligible health

screening.

Employee \$100 Spouse \$100

Child \$100

Additional plan features

- Wellness screening benefit: The application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; cardiac exercise stress test; Electrocardiogram (ECG); Immunizations and interscholastic sports physical exam. (List may vary by state.)
- **Health Care Support Services:** You can talk with medical and claims experts about your medical coverage, benefits, diagnosis, and treatment options. They can also help you with claims and billing issues.
- Recurrence Benefit: We will pay you a second time for the same condition, for certain covered conditions as noted in the table by an (R). At least 12 consecutive months must pass between the initial and second diagnosis. Once the recurrence benefit has been paid, no additional benefit will be paid for that critical illness.

Critical Illness FAQs

How do I file a claim?

If you have a diagnosis after the effective date of coverage, you may file a claim with us. We will ask for information from you and your doctor about your medical condition. You can download forms from our website. Please complete and sign all forms. Missing information or signatures can delay your claim.

Can I receive benefits for more than one critical illness?

Yes; however, there must be at least 12 consecutive months between the diagnosis dates. You can only claim benefits once for each covered condition unless a recurrence benefit is payable (see Additional Plan Features).

Is my benefit taxable?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please consult with a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

In some states, "Critical Illness" is referred to as "Specified Disease."

"Critical Illness insurance" is a limited benefit policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

Read the important plan provisions section for more information including limitations and exclusions.

- * Heart disease and stroke statistics, 2015 update. http://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_470707.pdf
- **If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.