

Benefit Plan Summary – Critical Illness



FEATURE	DESCRIPTION
	The Hartford's Critical Illness plan will pay a lump sum benefit for a covered person diagnosed while insurance is in effect. State specific variations may apply to the benefits shown below.
Employee Coverage Amounts	\$5,000 increments to Maximum \$10,000 (4-24 lives) \$5,000 increments to Maximum \$20,000 (25-99 lives)
Dependent Coverage Amounts	Spouse: 100% of Employee's Coverage Amount Child(ren): 50% of Employee's Coverage Amount
Guaranteed Issue Amount	All Amounts*
Reduction Due to Age	Not Included
Employee Contribution	100% Employee Paid
Coverage Election Options	Employee/Child Only; Employee/Child & Spouse
Rate Structure	Attained age Tobacco/ Non-Tobacco and Uni-Tobacco rates available Employee age used for spouse age 5-year age bands
Participation Requirement	4 enrolled lives
Initial Occurrence Separation Period	30 Days
Reoccurrence Benefit Separation Period	180 days
Pre-Existing Condition Limitation	Not Included
Policy Age Limit	No Age Limit
Extended Continuation	Included
Enrollment Method	Annual Open Enrollment***
Health Screening Benefit	\$50 per year; optional at the plan level to include
Ability Assist® EAP**	Included
HealthChampion SM **	Included
Initial Rate Guarantee	2 years

Critical Illness Benefits		
All Initial Occurrence Benefit Amounts are a percentage of the applicable Coverage Amount, unless otherwise stated as a specific dollar amount.		
All Reoccurrence Benefit Amounts are a percentage of the Initial Occurrence Benefit Amount that is payable or was previously paid under the Policy.		
COVERED ILLNESS	Initial Occurrence	Reoccurrence Benefit Amount
Cancer & Benign Tumor Category		
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	25%	100%
Skin Cancer	\$250 one time	None
Bone Marrow Failure	25%	None
Benign Brain or Spinal Cord Tumor <ul style="list-style-type: none"> • Early Diagnosis • Advanced Diagnosis 	10% 50%	None None
Heart/Vascular Category		
Heart Attack (Myocardial Infarction) <ul style="list-style-type: none"> • STEMI • NSTEMI 	100% 25%	100% 100%
Coronary Artery Disease <ul style="list-style-type: none"> • Minor (endovascular repair) • Major (open repair) 	10% 100%	100% 100%
Stroke <ul style="list-style-type: none"> • Mild • Moderate • Severe 	10% 25% 100%	100% 100% 100%
Abdominal or Thoracic Aortic Aneurysm (open repair)	100%	100%
Major Organ Category		
Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	None
Neurological Conditions Category		
Dementia (includes Alzheimer's Disease) <ul style="list-style-type: none"> • Advanced Diagnosis 	100%	None
Parkinson's Disease <ul style="list-style-type: none"> • Advanced Diagnosis 	100%	None
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's) <ul style="list-style-type: none"> • Advanced Diagnosis 	100%	None
Multiple Sclerosis <ul style="list-style-type: none"> • Advanced Diagnosis 	100%	None
Chronic/Progressive & Infectious Conditions Category		
Severe Infectious Disease		



<ul style="list-style-type: none"> • Major Diagnosis - Minimum Hospital Confinement Duration: 5 days - Covered Diseases: Standard & Optional – See Additional Information for the Severe Infectious Disease Benefit for list of covered diseases 	25%	None
Functional Loss & Catastrophic Conditions Category [not available in ID]		
Coma	100%	100%
Loss of Hearing	100%	None
Loss of Sight	100%	None
Loss of Speech	100%	None
Permanent Paralysis	100%	None
Child Conditions Category		
Cerebral Palsy	10%	None
<ul style="list-style-type: none"> • Early Diagnosis • Advanced Diagnosis 	100%	None
Congenital Metabolic Disorder	100%	None
Congenital Heart Disease	100%	None
Genetic Disorder	100%	None
Structural Congenital Defect	100%	None

*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).

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***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.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASE ONLY.

This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.