

Voluntary Group Critical Illness Insurance Benefits

Coverage

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

Eligibility

All active eligible colleagues

Dependents: You must be insured for your dependents to be covered. Dependents are:

- Your legal spouse.
- Your dependent children from birth to age 26.
- A person may not have coverage as both an employee and dependent.

Benefit Amount

- **COLLEAGUE:** Choose from a benefit amount of \$10,000, \$20,000 or \$30,000.
- **SPOUSE:** Choose from a benefit of \$5,000, \$10,000, \$15,000, \$20,000 or \$30,000, not to exceed 100% of colleague amount.
- **CHILD(REN):** 100% of colleague amount.

Guaranteed Issue

- **COLLEAGUE:** \$30,000
- **SPOUSE:** \$30,000
- **CHILD(REN):** \$30,000

Benefit Reduction Due to Age: None

Limitations

Preexisting condition limitation: There are no preexisting condition limitations to enroll in this benefit, but all critical illness claims must have a diagnosis date after the benefit effective date.

Features

Benefits

- Acute Respiratory Distress Syndrome — 25%
- Alzheimer's Disease/Benign Brain Tumor — 100%
- Carcinoma In Situ — 25%
- Coma — 100%
- Coronary Disease — 50%
- Heart Attack — 100%
- Life Threatening Cancer — 100%
- Loss of Hearing — 100%
- Loss of Sight — 100%
- Loss of Speech — 100%
- Major Organ Failure — 100%
- Motor Neuron Disease (ALS) — 100%
- Multiple Sclerosis — 100%
- Occupational Hepatitis — 100%
- Occupational HIV — 100%
- Paralysis — 100%
- Parkinson's Disease — 100%
- Ruptured Cerebral, Carotid or Aortic Aneurysm — 100%
- Severe Brain Damage — 100%
- Skin Cancer — 5%
- Stroke — 100%

Child Benefits

- Cerebral Palsy — 100%
- Cleft Lip or Palate — 100%
- Cystic Fibrosis — 100%
- Down Syndrome — 100%
- Muscular Dystrophy — 100%
- Spina Bifida — 100%
- Type 1 Diabetes — 100%
- Subsequent Occurrence Benefit — 100% of benefit if diagnosed 0 months or later
- Recurrence Benefit (Same Illness) — 100% of benefit if diagnosed 0 months or later
- Portability to employee age 70
- **Wellness (Health Screening) Benefit — \$100***

*Maximum 4 benefits per family

Additional Benefits

- Lifetime Maximum Benefit — 1000% of Insurance Amount

HERE TO HELP

Nebraska Medicine is excited to provide an enhanced benefit service for our colleagues. We have a full-time Benefit Communication Specialist (BCS) available to educate you on our benefit offerings and offer enrollment assistance through benefit education sessions.

- Collaborate with you to find a convenient meeting time over the phone or virtually. In-person meetings may be an option depending on location and availability.
- Provide a personal way for you to understand your benefits and how to maximize them.
- Help you enroll in your benefits via Workday.

QUESTIONS?

Contact **402-559-4339** for more information and to schedule your personalized benefit review.



	Monthly Critical Illness Rates Per \$1,000	
AGE	Non-Tobacco	Tobacco
<25	\$0.36	\$0.36
25-29	\$0.44	\$0.51
30-34	\$0.54	\$0.65
35-39	\$0.71	\$0.92
40-44	\$0.92	\$1.23
45-49	\$1.19	\$1.74
50-54	\$1.51	\$2.27
55-59	\$2.02	\$3.16
60-64	\$2.82	\$4.41
65-69	\$4.13	\$5.78
70-74	\$6.42	\$8.46
75-79	\$9.48	\$11.68
80-84	\$13.74	\$16.64
85+	\$22.12	\$26.11

Critical Illness Rates Calculator

To calculate the monthly cost of Critical Illness coverage, use the formula below. Coverage levels will be either \$10,000, \$20,000, or \$30,000 for colleagues, or \$5,000, \$10,000, \$15,000, \$20,000, or \$30,000 for spouse.

_____	x	Monthly Rate Per \$1,000	=	_____	÷	\$1,000	_____
Coverage Level		Rate		Subtotal			Monthly Cost



This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9537, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.