

## Group Critical Illness Coverage

### SUMMARY OF BENEFITS

**Sponsored by:** Trinity Health

**Critical Illness coverage provides cash directly to the insured to help offset out of pocket costs.**

**Eligibility** All employees in an eligible class. Issue Ages 17-70

<b>Critical Illness Base Coverage</b>	
<b>Benefit Description</b>	<b>Benefit Amount</b>
Maximum Principal Sum Employee	Choice of \$5,000 - \$10,000 - \$15,000 - \$20,000 - \$25,000 - \$30,000
Spouse* *Spouse amount cannot exceed Employee amount	Choice of \$5,000 - \$10,000 - \$15,000
Child* *Child amount cannot exceed Employee amount	25% of Employee Amount
Guarantee Issue at Initial Enrollment Employee Spouse Child	\$30,000 \$15,000 \$10,000
Guarantee Issue at Annual Enrollment Employee Spouse Child	Add or increase \$5,000 without Evidence of Insurability. Add or increase \$5,000 without Evidence of Insurability. \$10,000 Subject to the plan's maximum
Lincoln CareCompass Category Critical Illness Assessment Benefit Family Care Benefit (per insured dependent)	\$50 \$25
Heart Category Heart Attack, Heart Transplant, Stroke Arteriosclerosis, Aneurysm	Percent of Principal Sum 100% 10%
Cancer Category Invasive Cancer Cancer In Situ, Benign Brain Tumor, Bone Marrow Transplant	Percent of Principal Sum 100% 25%
Organ Category End Stage Renal Failure, Major Organ Transplant Acute Respiratory Distress Syndrome	Percent of Principal Sum 100% 25%
Quality of Life Category ALS/Lou Gehrig's, Advanced Alzheimers, Advanced Parkinsons Advanced MS, Loss of Sight, Hearing, or Speech	Percent of Principal Sum 100% 25%
Accident	100% of Principal Sum
Lifetime Category Maximum (Category Recurrence)	200% (100% recurrence)
Additional Category Occurrence	100% payable benefit
Benefit Waiting Period	None
Pre-existing Period	3/12
Benefit Reduction	None

Critical Illness Optional Coverage Description	
Benefit Description	Benefit Amount
Occupational HIV/Hepatitis B for Healthcare Workers * only available for employee	100% of Principal Sum

#### Exclusions

A benefit will not be paid under this policy when:

- A category maximum has been reached (for that Category, coverage will automatically terminate). If Lincoln CareCompass is the only remaining Category, coverage will be terminated.
- A new Category Occurrence happens within 90 days of another payable event in a different category.
- A Category Recurrence happens within 180 days of another payable event in the same category.
- Diagnosis occurs prior to the effective date, or after policy termination.
- The diagnosis is deemed a pre-existing condition.
- The diagnosis of any Quality of Life Category event prior to the effective date of coverage.
- An event was caused by self-inflicted injury, self destructive, suicide or attempting any of these, whether sane or insane.
- An event occurs during the attempt or commission of a felony, whether charged or not.
- An event occurs during an act of war (which is not terrorism), participation in a riot, insurrection or rebellion of any kind.
- An event occurs while serving as a member of any armed forces or auxiliary unit.
- An event occurs after the insured had resided outside of the US, Mexico, or Canada for 12 or more months.
- An event occurs while the insured was incarcerated in any type of penal facility.

#### Accident Exclusions:

Additionally, a benefit will not be paid under this policy amendment when injury occurs due to:

- Bungee jumping, parachuting, base jumping, or mountaineering.
- Cosmetic or elective surgery.
- Being intoxicated.
- Having any sickness, illness (physical or mental), or infection independent of accident.
- Deliberate use of drugs, poison, gas or fumes, by ingestion, injection, inhalation, or absorption.
- Injury at work or in the course of employment.
- Participating in, practicing for, or officiating a semiprofessional or professional sport.
- Riding in or driving any motor-driven vehicle for race, stunt show, or speed test.

#### For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

NOTE: This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your group coverage, other items may summarize our standard product features and not the specific features of your coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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