# GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS





65% of American cancer survivors did not have sufficient income to cover out-of-pocket expenses for cancer treatment and other incurred debts related to the illness.1

## NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical Illness insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Critical Illness insurance, visit <a href="mailto:thehartford.com/employeebenefits">thehartford.com/employeebenefits</a>

## **COVERAGE INFORMATION**

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

## **BENEFITS & FEATURES**

COVERAGE AMOUNTS	
Employee Coverage Amount	\$10,000 or \$20,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren) Coverage Amount	\$5,000
COVERED ILLNESSES	BENEFIT AMOUNTS
CANCER CONDITIONS	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
Non-invasive Cancer	25% of coverage amount
VASCULAR CONDITIONS	
Heart Attack*; Heart Transplant*; Stroke*	100% of coverage amount
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount
OTHER SPECIFIED CONDITIONS	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
Other Dread Diseases†	25% of coverage amount
CHILD CONDITIONS	
Cerebral Palsy; Congenital Heart Disease; Cystic Fibrosis; Muscular Dystrophy; Spina Bifida	100% of coverage amount
ADDITIONAL BENEFITS	BENEFIT AMOUNTS
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of original benefit amount
Health Screening Benefit	\$100 once per year per covered persor
Occupational HIV or Occupational Hepatitis	100% of coverage amount
FEATURES	DETAILS
O	500%
Coverage Maximum – Primary Insured & Spouse	500% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount
Ability Assist® EAP2— 24/7/365 access to help for financial, legal or emotional issues	
HealthChampions <sup>M3</sup> – Administrative and clinical support following serious illness or injury	

<sup>†</sup>Other Dread Disease means a covered severe disease that results in a covered person being confined to a Hospital for five (5) or more consecutive days. Covered severe diseases are Addison's disease (primary adrenal insufficiency/hypocortisolism); bacterial cerebrospinal meningitis; COVID-19, formally SARS-CoV-2/2019-nCoV; diphtheria; encephalitis; Huntington's chorea; Legionnaire's disease; malaria; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis. Please refer to the policy for complete definitions of each covered illness.

## **PREMIUMS**

See the Premium Worksheet.4

## **ASKED & ANSWERED**

#### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 35 hours per week or an active part time employee who works at least 19 hours per week or an active full time California employee who works 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

#### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

#### **HOW DO I PAY FOR THIS INSURANCE?**

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

#### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

#### WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is January 1, 2019. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility.

#### WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer or the coverage is no longer offered.

## CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

Insights From Survivors: Managing the Personal, Emotional and Financial Impact of Cancer, Washington National Institute for Wellness Solutions, 2014.

'AbilityAssist® services 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 and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit <a href="https://www.thehartford.com/employee-benefits/value-added-services">https://www.thehartford.com/employee-benefits/value-added-services</a> for more information.

HealthChampionSM services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the gods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states. Visithtps://www.thehartford.com/employee-benefits/value-added-services for more information.

4Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

#### Prepare. Protect. Prevail. With The Hartford. ®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. 5962f NS 08/16 © 2016 The Hartford Financial Services Group, Inc. All rights reserved.

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details including the provisions, terms, conditions, limitations and exclusions are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <a href="http://thehartford.com/group-benefits-producer-compensation">http://thehartford.com/group-benefits-producer-compensation</a>. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.