## **Supplemental Health Solution**

## **Plan Summary**

## **CRITICAL ILLNESS (CI)**

Eligibility	
Employees	Class 1: Each Active Full Time employee working 20 hours or more as determined by the employer.* Employees must be below the age of 75 to enroll.
	Class 2: Each retired employee below the age of 75 as of the "policy effective date"- (closed class )  *Except any person working on a temporary or seasonal basis.
Spouse	Eligible employee's legal spouse or domestic partner subject to state laws.  Eligible spouse must be under age 75 to enroll.
Dependent Children	The Eligible employee's child(ren), from birth to 26 years, including natural children, legally-adopted children (beginning on the date of the filing of the petition for adoption), stepchildren, and the Eligible employee's unmarried child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation as defined in the mental hygiene law, or physical handicap and who is chiefly dependent on the Eligible employee for support and maintenance.

Employee must be insured under the Policy for Dependent spouse and/or children to be insured. A person may not have coverage as both an employee and a dependent

Note: The states of New Jersey, New Hampshire, Massachusetts, California, and New York require their residents to be enrolled in an overlying major medical plan in order to enroll for Specified Disease.

Tailored Plan	
Employee Benefit	\$5,000
Spouse Benefit	\$5,000
Child Benefit	\$2,500
Guaranteed Issue	Employee/Spouse: \$5,000 All child amounts are guaranteed issue.



## **Supplemental Health Solution**

Included Benefits	Tailored Plan		
Carcinoma in Situ	25%		
Coronary Disease	25%		
Heart Attack	100%		
Invasive Cancer	100%		
Major Organ Failure	100%		
Skin Cancer	10%		
Stroke	100%		
Additional Features			
Ac	dditional Features		
Lifetime Maximum Benefit	1,000% of the Amount of Insurance		
Lifetime Maximum Benefit	1,000% of the Amount of Insurance		
Lifetime Maximum Benefit  Recurrence Benefit	1,000% of the Amount of Insurance 100% of Benefit / 0 months		
Lifetime Maximum Benefit  Recurrence Benefit  Subsequent Occurrence	1,000% of the Amount of Insurance  100% of Benefit / 0 months  100% of Benefit / 0 months		
Lifetime Maximum Benefit Recurrence Benefit Subsequent Occurrence Benefit Waiting Period	1,000% of the Amount of Insurance  100% of Benefit / 0 months  100% of Benefit / 0 months  None		

