

# Benefits At-A-Glance

## Critical Illness Insurance

### The Lincoln Critical Illness Insurance plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event while insured under this plan
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for Growmark employees
- Includes access to a Personal Health Advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

### Coverage for you

Critical Illness Insurance   Employee	
Guaranteed coverage amount	\$30,000
Maximum coverage amounts	Choice of \$10,000, \$20,000, and \$30,000

#### Guaranteed Coverage Amounts

- You can choose from the coverage amounts above without providing evidence of insurability (documentation of your health history). Amounts above the guaranteed amount will require evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required.

### Coverage for your spouse

Critical Illness Insurance   Spouse	
Guaranteed coverage amounts	\$15,000
Maximum coverage amounts	Choice of \$5,000, \$10,000, and \$15,000 (up to 50% of the employee coverage amount)

#### Guaranteed Coverage Amounts

- You can choose from the coverage amounts for your spouse without providing evidence of insurability (documentation of your spouse's health history). Amounts above the guaranteed amount will require evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required.

### Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

Critical Illness Insurance   Dependent Children	
Guaranteed coverage amounts	\$5,000 and \$10,000 (up to 50% of the employee coverage amount)

#### Guaranteed Coverage Amounts

- You can choose from the coverage amounts above for your dependent children.

**No money is due at enrollment.** Your premium simply comes out of your paycheck.

## Core Benefits

Covered Conditions	
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
Renal (kidney) failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Additional childhood conditions	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	25%
Supplemental Conditions	
Advanced ALS/Lou Gehrig's disease	25%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	25%
Advanced multiple sclerosis	25%
Benign brain tumor	25%
Loss of sight, hearing and/or speech	25%
Occupational Disease	
HIV	25%
Hepatitis (B, C, D)	25%
MRSA	25%
Tuberculosis	25%
Tetanus	25%
Rabies	25%
Recovery Assistance	Your Cash Benefit
Family Care Benefit	\$25 per day for up to 30 days
Lodging (when 100+ miles from home)	\$50 per night for up to 30 nights
Transportation (when 100+ miles from home)	\$300 per trip for up to 3 trips
Health Assessment	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	\$50
Additional Plan Feature(s)	
Health Advocate Services	Included
Portability	Included

**Note:** See the policy for details and specific requirements for each of these features.

## Benefit Exclusions

The plan includes only covered conditions or losses that occur when the insurance is in force.

Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months.

*Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.*

### Pre-existing Condition exclusion

Benefits are not payable for any covered condition or loss:

1. which is caused, contributed to by, or results from a pre-existing condition; and
2. which begins in the Exclusionary period after the covered person's effective date (unless the condition was not treated during any treatment-free period, if applicable).

The pre-existing condition exclusion will also apply to any increase in coverage beginning on the effective date of the increase.

A complete list of benefit exclusions is included in the policy. State variations apply.

**Questions?** Call 800-423-2765 and mention ID GROWMARK.

# Critical Illness Insurance Premium

## Here's how little you pay with group rates.

### Group Rates for You Employee | Monthly Premiums

Employee Age Range	\$10,000	\$20,000	\$30,000
17 - 24	\$2.19	\$4.38	\$6.57
25 - 29	\$2.95	\$5.90	\$8.85
30 - 34	\$4.55	\$9.10	\$13.65
35 - 39	\$7.17	\$14.34	\$21.51
40 - 44	\$11.22	\$22.44	\$33.66
45 - 49	\$17.89	\$35.78	\$53.67
50 - 54	\$25.82	\$51.64	\$77.46
55 - 59	\$35.16	\$70.32	\$105.48
60 - 64	\$50.42	\$100.84	\$151.26
65 - 69	\$71.66	\$143.32	\$214.98
70 - 99	\$133.06	\$266.12	\$399.18

### Group Rates for Your Spouse Spouse | Monthly Premiums

Employee Age Range	\$5,000	\$10,000	\$15,000
17 - 24	\$1.10	\$2.19	\$3.29
25 - 29	\$1.48	\$2.95	\$4.43
30 - 34	\$2.28	\$4.55	\$6.83
35 - 39	\$3.59	\$7.17	\$10.76
40 - 44	\$5.61	\$11.22	\$16.83
45 - 49	\$8.95	\$17.89	\$26.84
50 - 54	\$12.91	\$25.82	\$38.73
55 - 59	\$17.58	\$35.16	\$52.74
60 - 64	\$25.21	\$50.42	\$75.63
65 - 69	\$35.83	\$71.66	\$107.49
70 - 99	\$66.53	\$133.06	\$199.59

### Group Rates for Your Dependent Children Dependent Children | Monthly Premiums

Age Range	\$5,000	\$10,000
0 - 26	\$2.28	\$4.56

The Lincoln National Life Insurance Company  
Please see prior page for product information.

Group Critical Illness Insurance | Benefits At-A-Glance