Lincoln Financial Group

Community Health Plan of Washington

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
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for 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

Critical Illness Insurance | Employee	
Maximum Coverage Amount	$30,000 (in increments of $5,000)
Minimum coverage amount	$5,000

Maximum coverage amount

- You can choose from the coverage amount of $30,000 (in increments of $5,000).

Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance | Spouse	
Maximum Coverage Amount	50% of the employee coverage amount up to $15,000 maximum in increments of $5,000
Minimum coverage amount	$5,000

Maximum coverage amount

- You can choose a coverage amount up to 50% of your coverage amount ($15,000 maximum) for your spouse

Coverage for your dependent children

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

Critical Illness Insurance | Children	
Guaranteed coverage amount	$5,000 (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	Benefit Percentage
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal (kidney) Failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	25%
Supplemental Conditions	
Advanced COPD	100%
AIDS	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	100%
Benign brain tumor	100%

Additional Childhood Conditions	Benefit Percentage
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 Diabetes	100%

Health Assessment / Wellness Benefit	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	Level: $50

Additional Plan Benefit(s)	
Portability	Included

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

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; participation in a felony; committing a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; active participation in a riot, insurrection or rebellion; voluntary participation in a riot, insurrection or rebellion; participation in a riot or insurrection; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months. A Covered Condition sustained while residing outside the United States, its possessions, Canada, or Mexico for more than 12 months, unless the Covered Condition is rediagnosed/confirmed in the United States.

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.

During the first 6 of coverage benefits will not be payable for a pre-existing condition. A " pre-existing" condition is one in which you or an insured dependent receive treatment during the 6 months prior to the effective date of coverage. Treatment means consultation, care, and services provided or prescribed by a Physician for which symptoms exist.

If you are a participant in a Critical Illness plan which this plan replaces and are diagnosed with a pre-existing condition, we will consider whether the condition was payable under the prior plan when determining if it will be payable under this plan.

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 pre-existing condition means a covered condition for which treatment was received during the look-back period prior to the effective date of coverage. Treatment means consultation, care and services provided or prescribed by a physician. It includes diagnostic measures and the prescription, refill or taking of prescribed drugs or medicines for which symptoms exist.

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

Questions? Call 800-423-2765 and mention ID: CHPW.

Critical Illness Insurance Premium

Here's how little you pay with group rates.

Employee | Monthly Premiums

Employee Age Range (Attained Age)	Critical Illness Premium Rate per $1,000
0-24	$0.160
25-29	$0.265
30-34	$0.369
35-39	$0.486
40-44	$0.689
45-49	$0.919
50-54	$1.293
55-59	$1.780
60-64	$2.536
65-69	$3.528
70+	$6.709

The estimated monthly premium for critical illness insurance is determined by multiplying the desired amount of coverage (in increments of $5,000) by the employee age-range premium rate.

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Coverage amount X premium rate = monthly premium

The Lincoln National Life Insurance Company

Please see prior page for product information.

Spouse | Monthly Premiums

Spouse/Domestic Partner Age Range (Attained Age)	Critical Illness Premium Rate per $1,000
0-24	$0.160
25-29	$0.265
30-34	$0.369
35-39	$0.486
40-44	$0.689
45-49	$0.919
50-54	$1.293
55-59	$1.780
60-64	$2.536
65-69	$3.528
70+	$6.709

The estimated monthly premium for critical illness insurance is determined by multiplying the desired amount of coverage (in increments of $5,000) by the employee age-range premium rate.

_____ _____ _____

Coverage amount X premium rate = monthly premium

Group Rates for Your Dependent Children

Dependent Children | Monthly Premiums

Age Range	$5,000
0-99	$1.31