COMMUNITY HEALTH PLAN OF WASHINGTON

Group Critical Illness Insurance



How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want to help pay out-of-pocket expenses, like deductibles.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

Who can get coverage?

You:	Choose from $5,000 to $30,000 of coverage in increments of $5,000 with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours.

Childhood diseases

Children are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

What's covered?

Critical Illnesses

- Heart attack
- Stroke
- Major organ failure
- End-stage kidney failure
- Sudden cardiac arrest
- Coronary artery disease
  Major (50%):
  Coronary artery bypass graft or valve replacement
  Minor (10%):
  Balloon angioplasty or stent placement

Cancer conditions

- Invasive cancer — all breast cancer is considered invasive
- Non-invasive cancer (25%)
- Skin cancer — $500

Progressive diseases

- Amyotrophic Lateral Sclerosis (ALS)
- Dementia, including Alzheimer's disease
- Multiple Sclerosis (MS)
- Parkinson's disease
- Huntington's Disease
- Lupus
- Muscular Dystrophy
- Myasthenia Gravis
- Systemic Sclerosis (Scleroderma)
- Addison's Disease

Supplemental conditions

- Benign brain tumor
- Coma
- Permanent Paralysis
- Occupational HIV, Hepatitis B, C or D
- Occupational PTSD

Paid at 25%:

- Infectious Diseases
- Pulmonary Embolism
- Transient Ischemic Attack (TIA)
- Bone Marrow/Stem Cell

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

Additional available benefits

Health Screening

Every year, each family member who has Critical Illness coverage can also receive $75 for getting a covered Health Screening screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes

Calculate your cost

Choose the rate for your current age:

$ _____ ÷ $5,000 x _____ = $ _____

Amount of coverage you want — Rate

Actual billed amounts may vary. For illustrative purposes only.

Monthly rates with Be Well - $5,000 Employee & $2,500 Spouse

Age	Employee	Spouse
under 25	$3.73	$3.36
25 - 29	$4.03	$3.51
30 - 34	$4.33	$3.66
35 - 39	$4.83	$3.91
40 - 44	$5.48	$4.23
45 - 49	$6.38	$4.68
50 - 54	$7.33	$5.16
55 - 59	$8.93	$5.96
60 - 64	$11.18	$7.08
65 - 69	$14.18	$8.58
70 - 74	$19.38	$11.18
75 - 79	$25.73	$14.36
80 - 84	$32.83	$17.91
85+	$45.68	$24.33

Monthly rates with Be Well - $15,000 Employee & $7,500 Spouse

Age	Employee	Spouse
under 25	$5.23	$4.11
25 - 29	$6.13	$4.56
30 - 34	$7.03	$5.01
35 - 39	$8.53	$5.76
40 - 44	$10.48	$6.73
45 - 49	$13.18	$8.08
50 - 54	$16.03	$9.51
55 - 59	$20.83	$11.91
60 - 64	$27.58	$15.28
65 - 69	$36.58	$19.78
70 - 74	$52.18	$27.58
75 - 79	$71.23	$37.11
80 - 84	$92.53	$47.76
85+	$131.08	$67.03

Monthly rates with Be Well - $10,000 Employee & $5,000 Spouse

Age	Employee	Spouse
under 25	$4.48	$3.73
25 - 29	$5.08	$4.03
30 - 34	$5.68	$4.33
35 - 39	$6.68	$4.83
40 - 44	$7.98	$5.48
45 - 49	$9.78	$6.38
50 - 54	$11.68	$7.33
55 - 59	$14.88	$8.93
60 - 64	$19.38	$11.18
65 - 69	$25.38	$14.18
70 - 74	$35.78	$19.38
75 - 79	$48.48	$25.73
80 - 84	$62.68	$32.83
85+	$88.38	$45.68

Monthly rates with Be Well - $20,000 Employee & $10,000 Spouse

Age	Employee	Spouse
under 25	$5.98	$4.48
25 - 29	$7.18	$5.08
30 - 34	$8.38	$5.68
35 - 39	$10.38	$6.68
40 - 44	$12.98	$7.98
45 - 49	$16.58	$9.78
50 - 54	$20.38	$11.68
55 - 59	$26.78	$14.88
60 - 64	$35.78	$19.38
65 - 69	$47.78	$25.38
70 - 74	$68.58	$35.78
75 - 79	$93.98	$48.48
80 - 84	$122.38	$62.68
85+	$173.78	$88.38

Monthly rates with Be Well - $25,000 Employee & $12,500 Spouse		
Age	Employee	Spouse
under 25	$6.73	$4.86
25 - 29	$8.23	$5.61
30 - 34	$9.73	$6.36
35 - 39	$12.33	$7.61
40 - 44	$15.48	$9.23
45 - 49	$19.98	$11.48
50 - 54	$24.73	$13.86
55 - 59	$32.73	$17.86
60 - 64	$43.98	$23.48
65 - 69	$58.98	$30.98
70 - 74	$84.98	$43.98
75 - 79	$116.73	$59.86
80 - 84	$152.23	$77.61
85+	$216.48	$109.73

Monthly rates with Be Well - $30,000 Employee & $15,000 Spouse		
Age	Employee	Spouse
under 25	$7.48	$5.23
25 - 29	$9.28	$6.13
30 - 34	$11.08	$7.03
35 - 39	$14.08	$8.53
40 - 44	$17.98	$10.48
45 - 49	$23.38	$13.18
50 - 54	$29.08	$16.03
55 - 59	$38.68	$20.83
60 - 64	$52.18	$27.58
65 - 69	$70.18	$36.58
70 - 74	$101.38	$52.18
75 - 79	$139.48	$71.23
80 - 84	$182.08	$92.53
85+	$259.18	$131.08

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the minimum number of hours required by your employer each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees may have a waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.pdf

Your paycheck deduction will include the cost of coverage and the Health Screening Benefit. Actual billed amounts may vary.

Exclusions and limitations

We will not pay benefits for any Covered Loss that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation;
- being engaged in an illegal activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the National Guard or the armed forces of any nation, state, authority, or organization;
- a Covered Loss that occurs while an Insured is incarcerated in a penal or correctional institution or under house arrest or confinement.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

Continuity of coverage

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date.
Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate.
If you have not returned to Active Employment before any Insured's Date of Diagnosis, any benefits payable will be limited to what would have been paid by the prior carrier.
Covered Loss must be after the coverage effective date.

End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.
However, as long as premium is paid as required, coverage will continue while benefits are being paid or in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance.
Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.
The definition of hospital does not include certain facilities. See your contract for details.
Unum complies with applicable civil union and domestic partner laws.
THIS INSURANCE PROVIDES LIMITED BENEFITS
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.
This information is not intended to be a complete description of the insurance coverage available. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Certificate Form UIC-GCIC16-2 and Policy Form UIC-GCIP16-2 or contact your Unum insurance producer.
Underwritten by: Unum Insurance Company, Portland, Maine
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CRITICAL ILLNESS COVERAGE
WASHINGTON

Unum Insurance Company

2211 Congress Street • Portland, ME 04122

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

This disclosure provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Unum.

This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charges and are paid in addition to any other health plan coverage you may have.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

Notice to Buyer: This policy does not constitute comprehensive health insurance coverage. It does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Failure to purchase comprehensive health insurance coverage may result in penalties. Such penalties shall be the result of persons not obtaining comprehensive health insurance coverage required by the Federal Patient Protection and Affordable Care Act.

Specified Disease coverage is designed to provide, to persons insured, benefits ONLY when certain losses occur as a result of specified diseases. Benefits are not provided for basic hospital, basic medical-surgical, or major-medical expenses.

Critical Illness Coverage Amounts

For You	For Your Spouse	For Your Children
$5,000 - $30,000 in increments of $5,000	50% of your Coverage Amount	50% of your Coverage Amount

CRITICAL ILLNESS COVERAGE — WASHINGTON

Covered Conditions

Critical Illnesses	Percentage of Coverage Amount
Coronary Artery Disease (Major)	50%
Coronary Artery Disease (Minor)	10%
End Stage Renal (Kidney) Failure	100%
Heart Attack (Myocardial Infarction)	100%
Major Organ Failure Requiring Transplant	100%
Severe Stroke	100%

Cancer	Percentage of Coverage Amount
Invasive Cancer (including all Breast Cancer)	100%
Non-Invasive Cancer	25%
Skin Cancer	$500

Supplemental Critical Illness	Percentage of Coverage Amount
Benign Brain Tumor	100%
Coma	100%
Infectious Disease	25%
Occupational Human Immunodeficiency Virus (HIV) or Hepatitis	100%
Permanent Paralysis	100%

Progressive Diseases	Percentage of Coverage Amount
Amyotrophic Lateral Sclerosis (ALS)	100%
Dementia (including Alzheimer's Disease)	100%
Multiple Sclerosis (MS)	100%
Parkinson's Disease	100%

Additional Critical Illnesses for Your Children	Percentage of Coverage Amount
Cerebral Palsy	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Spina Bifida	100%

In addition to the benefits disclosed above, the following may also apply and are summarized below.

A benefit trigger may be a waiting period described as the continuous period of time you must be in Active Employment in an Eligible Group before you are eligible for coverage.

Duration of coverage will be for as long as you are eligible for coverage and you are insured. With regard to renewability of coverage, your policy can be cancelled by us or the Policyholder, and you may also have the right to continue your coverage under the Portability rider.

Any reductions may or not be applicable to benefits included in the type of coverage selected. We will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of Limitations and Exclusions, which vary by the type of coverage selected.

Pre-existing Condition Limitations will include timeframes for which benefits for a claim will be limited according to a pre-existing condition.