

Critical Illness Insurance can take some of the worry out of getting sick.

No one likes to think about it, but a critical illness can strike at any time. Compounding the challenges of an illness are the financial hardships it can bring.

Critical illness insurance from Lincoln Financial Group can help. If you or a loved one is diagnosed with a covered illness or event, you receive a cash benefit to use however you wish. It's that simple, and so very important.

For example, you can use the cash benefit to help pay for a treatment your other insurance doesn't cover, or even living expenses while you are recovering.

It pays to have Critical Illness Insurance.

Consider all of the expenses you may be faced with, such as:

- Health insurance deductibles and copays
- Travel and lodging costs for specialty treatment facilities
- Experimental or alternate treatments
- Child care
- Living expenses, like your mortgage, utilities, and groceries

Critical Illness Insurance can help pay for these and more. The plan also provides valuable benefits and services that can help you and your loved ones along the road to recovery — and even help you stay healthy. See the enclosed Summary of Benefits for details and coverage amounts.

It's affordable, too, with group rates.

Group rates are typically more affordable than what you might pay for an insurance plan on your own. And with payroll deduction, no money is due now - your premium simply comes out of your paycheck.





**Now Available to
Employees at Hendrick Health:
Critical Illness Insurance with affordable group rates**

Be ready for whatever comes your way.

You don't know what life may hold for you and your loved ones. But you *can* take an important step now to help prepare for an unexpected critical illness or event.

Here's how this important coverage works.

If you or a loved one is diagnosed with a covered critical illness or event, you receive a lump sum cash benefit. This is in addition to any other insurance you may have. The standard core plan includes diagnoses for the top health concerns of consumers:

- Heart conditions, such as heart attack and coronary artery disease
- Cancer, such as invasive cancer, noninvasive cancer
- Kidney failure or major organ transplant
- Stroke or arterial/vascular disease

If, over time, you are diagnosed with more than one critical illness or event, you may receive more than one cash benefit. See the plan policy for details.

Coverage is also available for a spouse and dependent children. A complete Summary of Benefits is included on the next few pages.

Here's how little you pay with group rates.

- A 40-year-old employee can get \$5,000 of Critical Illness Insurance for just \$2.96 per pay period without providing evidence of insurability (proof of medical history).
- The employee's spouse can be covered, as well, for just a little more each month.
- All of the employee's dependent children automatically receive 25% of the employee's coverage amount at no extra cost.
- *See the Summary of Benefits for coverage amounts and bi-weekly premiums.*

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 Hendrick Health 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

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



Critical Illness Insurance | Summary of Benefits

Prepared for: **Employees at Hendrick Health**

Group rates for Hendrick Health employees make Critical Illness Insurance more affordable than ever. This plan provides coverage for you, a spouse, and dependent children.

Your premium comes out of your paycheck, so no money is due now.

Coverage for you

You can secure Critical Illness Insurance if you are an active Hendrick Health employee. In the event of a covered illness, a cash benefit is paid to you based on the coverage amount you select.



Critical Illness Insurance | Employee

Guaranteed coverage amount	\$30,000
Maximum coverage amount	\$30,000 (in increments of \$5,000)
Minimum coverage amount	\$5,000

Guaranteed Coverage Amounts

- You can choose a coverage amount up to \$30,000 without providing evidence of insurability (documentation of your health history).
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required. See the Evidence of Insurability page for details.

Group Rates for You

Employee | Bi-Weekly Premiums

Employee Age Range	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
0 - 29	\$0.94	\$1.89	\$2.83	\$3.78	\$4.72	\$5.66
30 - 39	\$1.56	\$3.11	\$4.67	\$6.22	\$7.78	\$9.33
40 - 49	\$2.96	\$5.92	\$8.88	\$11.83	\$14.79	\$17.75
50 - 59	\$5.65	\$11.29	\$16.94	\$22.59	\$28.23	\$33.88
60 - 69	\$10.06	\$20.12	\$30.18	\$40.24	\$50.30	\$60.36
70 - 99	\$12.73	\$25.46	\$38.19	\$50.93	\$63.66	\$76.39

Coverage for your spouse

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

Critical Illness Insurance | Spouse

Guaranteed coverage amounts	\$15,000
Maximum coverage amount	100% of the employee coverage amount up to \$15,000 in increments of \$5,000
Minimum coverage amount	\$5,000

Guaranteed Coverage Amount

- You can choose a coverage amount up to \$15,000 for your spouse without providing evidence of insurability (documentation of your spouse's health history).
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required. See the Evidence of Insurability page for details.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required. See the Evidence of Insurability page for details.}

Group Rates for Your Spouse

Spouse | Bi-Weekly Premiums

Spouse Age Range	\$5,000	\$10,000	\$15,000
0 - 29	\$0.79	\$1.59	\$2.38
30 - 39	\$1.40	\$2.81	\$4.21
40 - 49	\$2.81	\$5.62	\$8.43
50 - 59	\$5.50	\$10.99	\$16.49
60 - 69	\$9.91	\$19.81	\$29.72
70 - 99	\$12.58	\$25.16	\$37.74

Coverage for your dependent children

Your dependent children automatically receive 25% of your coverage amount at no extra cost.

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%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	25%
Supplemental Conditions	
Advanced COPD	25%
Benign brain tumor	25%

Cash Benefits

Each critical illness or event is treated as a separate covered condition. If you or a covered loved one is diagnosed with a critical illness or event, you receive a lump-sum cash benefit. This is in addition to any other insurance coverage you may have.

Each critical illness or event is treated as a separate covered condition in which we will pay a benefit once per lifetime. There are no time limits between covered conditions. If you or a covered loved one is diagnosed with a critical illness or event, you receive a lump-sum cash benefit. This is in addition to any other insurance coverage you may have.

You can receive benefits more than once: Multiple benefits are payable for different conditions or for new diagnoses of previously paid conditions, as long as you meet the time limits between conditions.

- Same covered condition: We will pay a benefit for the same covered condition more than once if:
 - the diagnosis is more than 12 months apart
 - the insured person is treatment-free for at least 12 months

Treatment-free does not include routine follow-up visits or medications designed to prevent recurrence. You should continue to visit your medical provider regularly and follow all provider guidance to prevent recurrence.

- Different covered conditions: We will pay a benefit for a different covered condition after 6 months from the previous covered condition diagnosis. Exceptions include:
 - invasive cancer (if within 6 months of a noninvasive cancer diagnosis, the difference between the two benefits will be paid); and
 - heart attack or sudden cardiac arrest (if within 6 months of arterial/vascular disease or mitral/aortic valve disease, the difference between the two benefits will be paid).

Additional Plan Benefits

Recovery Assistance

- Receive benefits for family care, lodging and transportation when the insured is hospitalized.
 - Family Care Benefit: \$25 per day for up to 30 days.
 - Lodging (when 100+ miles from home): \$50 per night for up to 15 nights.
 - Transportation (when 100+ miles from home): \$200 per trip for up to 2 trips.
- Dependent children and adults do not need to be insured on the Critical Illness plan to receive benefits.

Critical Illness Health Assessment Benefit

- You and each covered family member receive an annual cash benefit for completion of one covered exam, screening or immunization. This is in addition to what your health insurance may cover. The covered assessments and screenings—such as electrocardiograms, mammograms, colonoscopies, pap smears and stress tests—are focused on the early diagnosis and treatment of critical illnesses to improve outcomes.
- This benefit is also available to covered family members/life partners.
- Receive a cash benefit of \$50 per person per plan year.

Additional Plan Services

Health Advocate Services

Included with your critical illness plan are valuable Health Advocate services available for you and your family. These services can be accessed at any time (twenty-four hours a day and seven days a week).

- Receive access to Personal Health Advocates, typically registered nurses, to assist you in managing your healthcare needs — even if you or a loved one hasn't been diagnosed with a critical illness or event. It's like having your own personal healthcare concierge.
- All of the following services are available to you and your entire family (including your parents and in-laws):
 - Finding the right doctors
 - Facilitation of second opinions
 - Coordination of care among different providers
 - Assistance in understanding medical information
 - Arrangements for home care equipment
 - Identification of specialists
 - Medical appointment scheduling
 - Evaluation of clinical trials
 - Coordination of hospice, adult day care and other services
 - Assistance with health insurance benefit coordination
 - Assistance negotiating medical bills of \$400 or more
 - Up to three in-person or video conference counseling sessions
 - Unlimited telephonic counseling

Additional Plan Feature

Portability

Included

Portability

- You can continue your insurance if you leave your job. This benefit is available for any reason other than nonpayment of premium.
- Employees have the option to port coverage regardless of age. However, the duration of coverage once you leave your job is the greater of age 70 or 12 months from your last day of employment.
- To take advantage of this benefit, send your request to continue and first premium payment to Lincoln Financial Group within 31 days of the date your coverage would otherwise end.

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 are diagnosed while this 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.

During the first 12 of coverage benefits will not be payable for a pre-existing condition unless the insured has gone treatment free for that condition for 6 months. A "pre-existing" condition is one in which you or an insured dependent receive treatment during the 3 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.

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

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Health advocacy services are provided by Health Advocate, Inc. (Plymouth Meeting, PA), the nation's leading healthcare advocacy company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment.

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Critical Illness Insurance | Summary of Benefits

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