

# CRITICAL ILLNESS INSURANCE

As an important Voluntary coverage, Critical Illness\* insurance helps round out an employee benefit package while helping employees protect savings during treatment and recovery from a critical condition. Here are the facts on the Critical Illness plans from The Hartford's **Employee Choice Benefits<sup>SM</sup>**.

PLAN DESIGN & BENEFIT INFORMATION		OPTIONS AVAILABLE
<b>Eligibility Basics</b>	<ul style="list-style-type: none"> <li>Employee (EE):                             <ul style="list-style-type: none"> <li>4-49 lives: 30 hours/week</li> <li>50+ lives: 20 hours/week</li> </ul> </li> <li>Spouse/Partner (SP): eligible if EE is eligible</li> <li>Child(ren) (CH): birth to age 26 (ACA match)</li> </ul>	<ul style="list-style-type: none"> <li>Work hours can be set by the employer; minimum is 16/week</li> <li>Eligibility age limit (term age) of 65-85 available</li> <li>CH eligibility age range is 18-26</li> </ul>
<b>Funding Options</b>	100% EE-paid (voluntary)	<ul style="list-style-type: none"> <li>100% ER-paid (non-contributory)</li> <li>ER/EE cost sharing contingent on group size (contributory)</li> </ul>
<b>Coverage Amounts</b>	EE: \$5K to \$30K (contingent on group size) <ul style="list-style-type: none"> <li>SP: 50% or 100% of EE amount</li> <li>CH: 50% of EE amount</li> </ul>	Higher amounts available, contingent on group size and participation
<b>Coverage Election</b>	<ul style="list-style-type: none"> <li>EE Only</li> <li>EE &amp; CH</li> <li>EE &amp; SP</li> <li>EE &amp; Family</li> </ul>	Alternate coverage tier structures available
UNDERWRITING GUIDELINES		OPTIONS AVAILABLE
<b>Preferred Info to Quote</b>	<ul style="list-style-type: none"> <li>Group name, situs state, SIC, effective date, current participation</li> <li>Employee census required for ER-paid plans</li> </ul>	
<b>GI &amp; SI Amounts</b>	<ul style="list-style-type: none"> <li>4-24 lives: GI up to \$10K; SI over \$10K</li> <li>25 - 499 lives: GI up to \$20K; SI over \$20K</li> <li>500+ lives: GI up to \$30K; SI over \$30K</li> </ul>	For larger groups, alternate amounts available subject to underwriter discretion
<b>Participation</b>	<ul style="list-style-type: none"> <li>100% EE-paid                             <ul style="list-style-type: none"> <li>4-49 lives: 4 enrolled lives</li> <li>50+ lives: 10 enrolled lives</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>100% ER-paid - 100% of eligible lives</li> <li>ER/EE cost sharing - contingent on group size</li> </ul>
<b>Rate Structure</b>	<ul style="list-style-type: none"> <li>Attained age</li> <li>Tobacco distinct</li> <li>EE age used for SP</li> <li>Five-year age bands</li> </ul>	<ul style="list-style-type: none"> <li>Issue age</li> <li>Uni-tobacco</li> <li>10-year or custom age bands</li> </ul>
<b>Rate Guarantee Period</b>	<ul style="list-style-type: none"> <li>Two years</li> <li>For groups with 50+ lives and multi-year rate guarantees:                             <ul style="list-style-type: none"> <li>A group must achieve 10% participation to secure the rate guarantee</li> <li>If 10% participation is not achieved, the rate guarantee may revert to one year</li> </ul> </li> </ul>	1-5 years
<b>Renewability</b>	Annually renewable at the discretion of the group	
ENROLLMENT		
<b>Enrollment Type</b>	Annual open enrollment	



STANDARD PRODUCT PROVISIONS		OPTIONS AVAILABLE
<b>Benefits</b>	Lump-sum cash payment upon diagnosis for covered illnesses	
<b>Covered Illnesses</b>	<p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>Invasive Cancer** (100%)</li> <li>Non-Invasive Cancer (25%)</li> <li>Benign Brain Tumor** (25%)</li> <li>Non-Melanoma Skin Cancer (\$250)</li> </ul> <p><b>Vascular</b></p> <ul style="list-style-type: none"> <li>Heart Attack** (100%)</li> <li>Heart Failure/Transplant** (100%)</li> <li>Coronary Artery Disease/Bypass (25%)</li> <li>Angioplasty/Stent (25%)</li> <li>Stroke** (100%)</li> <li>Aneurysm (50%)</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>Major Organ Failure/Transplant** (100%)</li> <li>End Stage Renal Failure (100%)</li> <li>Bone Marrow Failure/Transplant (25%)</li> <li>Coma** (100%)</li> <li>Paralysis (100%)</li> <li>Loss of Vision, Hearing or Speech (100% each)</li> <li>Advanced Alzheimer's (100%)</li> <li>ALS (Lou Gehrig's) (100%)</li> <li>Advanced Multiple Sclerosis (100%)</li> <li>Advanced Parkinson's (100%)</li> </ul>	<ul style="list-style-type: none"> <li>Cancer can be removed (ex. in presence of a stand-alone cancer policy also offered by a group)</li> <li>For larger groups:                             <ul style="list-style-type: none"> <li>Individual illnesses can be removed</li> <li>Benefit can be 10% - 100%</li> </ul> </li> </ul>
<b>Benefit Separation Period</b>	<p><b>If a Pre-Ex is not included in the plan:</b></p> <ul style="list-style-type: none"> <li>Any full benefit (100%) diagnosis: 3 months</li> <li>Any partial benefit (&lt;100%) diagnosis: none</li> </ul>	<p><b>If a Pre-Ex is included in the plan:</b></p> <ul style="list-style-type: none"> <li>Non-related diagnosis (different category): none</li> <li>Related diagnosis (same category): 30 days</li> </ul> Periods of up to 12 months available for related illnesses
<b>Coverage Maximum</b>	<ul style="list-style-type: none"> <li>EE &amp; SP: 500% of coverage amount</li> <li>CH: 300% of coverage amount</li> </ul>	Max can be 100% - 500%
<b>Recurrence Benefit **</b>	<ul style="list-style-type: none"> <li>100% for specific illnesses</li> <li>6-month separation period</li> </ul>	<ul style="list-style-type: none"> <li>Benefit can be 25% - 100%</li> <li>12-month separation period</li> </ul>
<b>Portability</b>	Included: extended continuation may be offered instead of portability in some states	
<b>Ability Assist* EAP<sup>1</sup></b>	24/7/365 access to help for financial, legal or emotional issues	
<b>HealthChampion<sup>SM</sup><sup>1</sup></b>	Administrative and clinical support following serious illness or injury	
OPTIONAL PRODUCT PROVISIONS		OPTIONS AVAILABLE
<b>Expanded Cancer Benefits**</b>	<ul style="list-style-type: none"> <li>Second Opinion Cancer: \$500 each diagnosis</li> <li>Prosthesis/Wig: \$500 one-time</li> </ul>	\$250 benefit
<b>Transitional Care Benefits Package**</b>	<ul style="list-style-type: none"> <li>Rehabilitation Facility: \$50 per day for up to 10 days</li> <li>Home Health Care: \$50 per day for up to 10 days</li> <li>Physical Therapy: \$50 per visit for up to 10 visits</li> </ul>	For larger groups, alternate amounts and number of days/visits available
<b>Travel Benefits Package</b>	<ul style="list-style-type: none"> <li>Transportation: \$100 per round trip for up to 5 trips</li> <li>Lodging: \$100 per night for up to 5 nights</li> </ul>	For larger groups, alternate amounts and number of trips/nights available
<b>Child-Specified Benefits Package</b>	<ul style="list-style-type: none"> <li>100% of coverage amount for covered child(ren) for the following:                             <ul style="list-style-type: none"> <li>Cerebral Palsy</li> <li>Congenital Heart Disease</li> <li>Spina Bifida</li> <li>Cystic Fibrosis</li> <li>Muscular Dystrophy</li> </ul> </li> </ul>	For larger groups: <ul style="list-style-type: none"> <li>Individual illnesses can be removed</li> <li>Benefit can be 10% - 100%</li> </ul>
<b>Occ HIV/Hep B&amp;C Benefit</b>	100% of coverage amount for the EE	Benefit can be 10% - 100%
<b>Health Screening Benefit</b>	\$50 per year	Benefit can be \$50 - \$100
<b>Pre-Existing Conditions Limitation</b>	Not included	12/12, 6/12, 3/12, 6/6 or 3/6 Some states may require a specific pre-ex

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**THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.**

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

\*Critical Illness is referred to as "Specified Disease" in New York.

\*\* These benefits are not HSA compatible.

Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

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