Plan Highlights

Voluntary Group Critical Illness Insurance



Illinois Eastern Community Colleges - 2024

COVERAGE

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

ELIGIBILITY

Employees: Each Active, Full-time Bargaining Unit Faculty member and each active employee regularly working 40 hours per week, except any person working on a temporary or seasonal basis

Dependents: You must be insured in order for Dependents to be covered. Dependents are:

- Your legal spouse
- Your unmarried financially dependent children* under age 26 or 30 if an Illinois resident, served in the armed forces and honorably discharged.

Age limit does not apply to handicapped children.

A person may not have coverage as both an employee and dependent.

BENEFIT AMOUNT

Employee: Choose from a minimum of \$5,000 to a maximum of \$50,000 in \$1,000 increments.

Spouse: Choose from a minimum of \$5,000 to a maximum of \$50,000 in \$1,000 increments, not to exceed 100% of approved employee

Dependent child(ren): 25% of approved employee amount up to a

maximum of \$12,500

GUARANTEED ISSUE

Employee: \$15,000 Spouse: \$15,000

Child: all child amounts are guaranteed issue

BENEFIT REDUCTION DUE TO AGE

(applicable to employee/spouse coverage)

Original Benefit Reduced To <u>Age</u>

70 50%

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

RATES (Rate is per \$1,000 of coverage)

Age	Premium Rate
0-29	\$0.241
30-34	\$0.518
35-39	\$0.644
40-44	\$0.951
45-49	\$1.497
50-54	\$2.236
55-59	\$3.008

A	\ge	Premium Rate
60)-64	\$4.215
65	5-69	\$5.976
70)-74	\$7.933
75	5-79	\$12.591
80)-84	\$15.683
8	85+	\$23.952

FEATURES

- Basic- 100% of Insurance Amount for: Life Threatening Cancer, Heart Attack, Stroke, Kidney (Renal) Failure, Major Organ
- Lifetime Maximum Benefit per Category- 200% of Insurance Amount Subsequent Occurrence Benefit-(Different Category of Critical Illness diagnosed 6 months or later)- 100% if Basic; 25% if Partial
- Recurrence Benefit-(Same Category of Critical Illness diagnosed 18 months or later)- 50% if Basic; 12.5% if Partial No First Occurrence Exclusion Wellness (Specific Health Screening) Benefit- \$50

CRITICAL ILLNESS CATEGORIES

Category	1
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Life Threatening Cancer - 100%

Category 2

Heart Attack - 100%

Stroke - 100%

Category 3

Kidney (Renal) Failure - 100% Major Organ

transplant - 100%

LIMITATIONS

- Pre-ex Condition Limitation- 12/12
- Benefit Waiting Period- 30 Days

Please note- benefit waiting periods and pre-ex limitations also apply to benefit increases

EXCLUSIONS

A benefit will not be paid if the Critical Illness is caused by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed during the Benefit Waiting Period; a Pre-existing Condition unless the Critical Illness has been Diagnosed after a specific period after the Insured's or Insured Dependent's effective date of coverage; or a Heart Attack that occurs within 24 hours of a medical procedure.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9401-0111, et al.

^{*}natural, adopted and step-children