



GET THE FACTS - QUICK REFERENCE GUIDE

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 BenefitsSM**.

PLAN DESIGN & BENEFIT INFORMATION		OPTIONS AVAILABLE		
Eligibility Basics	<ul style="list-style-type: none"> Employee (EE): <ul style="list-style-type: none"> - 4-49 lives: 30 hours/week: under age 80 - 50+ lives: 20 hours/week: under age 80 Spouse/Partner (SP): eligible if EE is eligible Child(ren) (CH): birth to age 26 	<ul style="list-style-type: none"> Work hours can be set by the employer; minimum is 16/week Term age range is 65-85; may be removed for groups with an active work requirement CH term age range is 18-26 		
Funding Options	100% EE-paid (voluntary)	<ul style="list-style-type: none"> 100% ER-paid (non-contributory) ER/EE cost sharing contingent on group size (contributory) 		
Coverage Amounts	<ul style="list-style-type: none"> EE: \$5K to \$30K (contingent on group size) SP: 50% or 100% of EE amount CH: \$5K or \$10K 	Higher amounts available, contingent on group size and participation		
Coverage Election	<ul style="list-style-type: none"> EE Only EE & SP EE & CH EE & Family 	Alternate coverage tier structures available		
UNDERWRITING GUIDELINES		OPTIONS AVAILABLE		
Preferred Info to Quote	<ul style="list-style-type: none"> Group name, situs state, SIC, effective date, current participation Employee census required for ER-paid plans 			
GI & SI Amounts	<ul style="list-style-type: none"> 4-24 lives: GI up to \$10K; SI over \$10K 25 - 499 lives: GI up to \$20K; SI over \$20K 500+ lives: GI up to \$30K; SI over \$30K 	For larger groups, alternate amounts available subject to underwriter discretion		
Participation	100% EE-paid <ul style="list-style-type: none"> - 4-49 lives: 4 enrolled lives - 50+ lives: 10 enrolled lives 	<ul style="list-style-type: none"> 100% ER-paid - 100% of eligible lives ER/EE cost sharing - contingent on group size 		
Rate Structure	<ul style="list-style-type: none"> Attained age Tobacco distinct EE age used for SP Five-year age bands 	<ul style="list-style-type: none"> Issue age Uni-tobacco 10-year or custom age bands 		
Rate Guarantee Period	<ul style="list-style-type: none"> Two years For groups with 50+ lives and multi-year rate guarantees: <ul style="list-style-type: none"> - A group must achieve 10% participation to secure the rate guarantee - If 10% participation is not achieved, the rate guarantee may revert to one year 	One and three years		
Renewability	Annually renewable at the discretion of the group			
STANDARD PRODUCT PROVISIONS		OPTIONS AVAILABLE		
Benefits	Lump-sum cash payment upon diagnosis for covered illnesses			
Covered Illnesses	<table border="0"> <tr> <td> Cancer Invasive Cancer* (100%) Non-Invasive Cancer (25%) Benign Brain Tumor* (100%) Vascular Heart Attack* (100%) Heart Transplant* (100%) Coronary Artery Bypass (25%) Angioplasty/Stent (25%) Stroke* (100%) Aneurysm (25%) </td> <td> Other Major Organ Transplant* (100%) End Stage Renal Failure (100%) Bone Marrow Transplant (25%) Coma* (100%) Paralysis (100%) Loss of Vision (100%) Loss of Hearing (100%) Loss of Speech (100%) </td> </tr> </table>	Cancer Invasive Cancer* (100%) Non-Invasive Cancer (25%) Benign Brain Tumor* (100%) Vascular Heart Attack* (100%) Heart Transplant* (100%) Coronary Artery Bypass (25%) Angioplasty/Stent (25%) Stroke* (100%) Aneurysm (25%)	Other Major Organ Transplant* (100%) End Stage Renal Failure (100%) Bone Marrow Transplant (25%) Coma* (100%) Paralysis (100%) Loss of Vision (100%) Loss of Hearing (100%) Loss of Speech (100%)	<ul style="list-style-type: none"> Cancer can be removed (ex. in presence of a stand-alone cancer policy also offered by a group) For larger groups: <ul style="list-style-type: none"> - Individual illnesses can be removed - Benefit amounts can be 10% - 100%
Cancer Invasive Cancer* (100%) Non-Invasive Cancer (25%) Benign Brain Tumor* (100%) Vascular Heart Attack* (100%) Heart Transplant* (100%) Coronary Artery Bypass (25%) Angioplasty/Stent (25%) Stroke* (100%) Aneurysm (25%)	Other Major Organ Transplant* (100%) End Stage Renal Failure (100%) Bone Marrow Transplant (25%) Coma* (100%) Paralysis (100%) Loss of Vision (100%) Loss of Hearing (100%) Loss of Speech (100%)			

continued

STANDARD PRODUCT PROVISIONS		OPTIONS AVAILABLE
Benefit Separation Period	If a Pre-Ex is included in the plan: <ul style="list-style-type: none"> • Non-related diagnosis (different category): none • Related diagnosis (same category): 30 days If a Pre-Ex is not included in the plan: <ul style="list-style-type: none"> • Any full benefit (100%) diagnosis: 6 months • Any partial benefit (<100%) diagnosis: none 	Periods of up to 12 months available for related illnesses
Coverage Maximum	<ul style="list-style-type: none"> • EE & SP: 500% of coverage amount • CH: 300% of coverage amount 	Max can be 100% - 500%
Recurrence Benefit	<ul style="list-style-type: none"> • 100% for specific illnesses (*) • 12-month separation period 	Benefit can be 25% - 100%
Benefit Age Reduction	50% at age 70	<ul style="list-style-type: none"> • For larger groups, 50% at 75 available • May be removed for groups with an active work requirement
Pre-Existing Conditions Limitation	<ul style="list-style-type: none"> • 12/12 • Some states may require a specific pre-ex 	For larger groups, alternate pre-ex available subject to underwriter discretion
Portability	Included: extended continuation may be offered instead of portability in some states	
Ability Assist® EAP¹	24/7/365 access to help for financial, legal or emotional issues	
HealthChampion^{SM1}	Administrative and clinical support following serious illness or injury	
OPTIONAL PRODUCT PROVISIONS		OPTIONS AVAILABLE
Expanded Cancer Benefits (These benefits are not HSA compatible)	<ul style="list-style-type: none"> • Second Opinion Cancer: \$500 each diagnosis • Prosthesis/Wig: \$500 one-time 	<ul style="list-style-type: none"> • \$250 benefit • Can be removed from plan
Transitional Care Benefits Package (These benefits are not HSA compatible)	<ul style="list-style-type: none"> • Rehabilitation Facility: \$50 per day for up to 10 days • Home Health Care: \$50 per day for up to 10 days • Physical Therapy: \$50 per visit for up to 10 visits 	For larger groups, alternate amounts and number of days/visits available
Travel Benefits Package	<ul style="list-style-type: none"> • Transportation: \$100 per round trip for up to 5 trips • Lodging: \$100 per night for up to 5 nights 	For larger groups, alternate amounts and number of trips/nights available
Child-Specified Benefits Package	100% of coverage amount for covered child(ren) for the following: <ul style="list-style-type: none"> • Cerebral Palsy • Muscular Dystrophy • Congenital Heart Disease • Spina Bifida • Cystic Fibrosis 	For larger groups: <ul style="list-style-type: none"> • Individual illnesses can be removed • Benefit can be 10% - 100%
Neurological Benefits Package	100% of coverage amount for the following: <ul style="list-style-type: none"> • Advanced Multiple Sclerosis • ALS (Lou Gehrig's) • Advanced Parkinson's 	For larger groups: <ul style="list-style-type: none"> • Individual illnesses can be removed • Benefit amounts can be 10% - 100%
Occ HIV/Hep B&C Benefit	100% of coverage amount for the EE	Benefit can be 10% - 100%
Health Screening Benefit	\$50 per year	Benefit can be \$25 - \$100
ENROLLMENT		OPTIONS AVAILABLE
Enrollment Type	Annual open enrollment	One-time open enrollment

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

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