

# CRITICAL ILLNESS INSURANCE

## **UFCW** Region 1

Presented by



A personalized guide to understanding your coverage



## CRITICAL ILLNESS INSURANCE BENEFIT SUMMARY

#### What is Critical Illness Insurance?

This coverage pays a lump-sum benefit following the diagnosis of a critical illness, such as a heart attack or stroke. Critical Illness Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses.

#### Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your mortgage, medical bills or student loans. It's up to you.

#### **Coverage highlights**

- Select the coverage amount that fits your life
- Affordable premiums
- Simplified claims-filing

#### How does the coverage work?

When you carry Critical Illness Insurance and have a covered accident, simply file a Critical Illness claim with our Claims Care Team over the phone or via US mail. You'll be paid a total cash benefit based on:

- The benefit amount elected from the chart below,
- The diagnosed critical illness, and
- Whether it is an initial occurrence, a reoccurrence of the same critical illness or an occurrence of a different critical illness, up to the maximum payment.

There is no wait between initial occurrences and different critical illnesses. Reoccurrences of the same critical illness can be paid 6 months after the initial critical illness.

Coverage	Amount range	Maximum payout
Member	\$10,000 - \$30,000	Liplingited
Spouse	\$5,000 -\$15,000*	Unlimited
Child(ren)	\$2,500 -\$7,500*	

\*Spouse benefits are paid at 50% and children at 25% of the employee benefit.



#### Benefit snapshot: Gloria's heart attack

As a longtime exercise enthusiast, Gloria was in great shape, which is why she never expected to have a heart attack at the age of 48. Gloria was even more surprised when she had a second heart attack the following year, at which point she underwent coronary artery bypass.

Fortunately for Gloria, she had enrolled in her employer's Critical Illness plan. Having these benefits helped offset the medical bills not covered by insurance, cover her regular bills and replace lost income during her recovery.

**Critical Illness coverage offered by her employer**: Base coverage with unlimited maximum payout

Benefit amount elected by Gloria during enrollment: \$10,000

#### Gloria's Critical Illness policy paid these benefits\*:

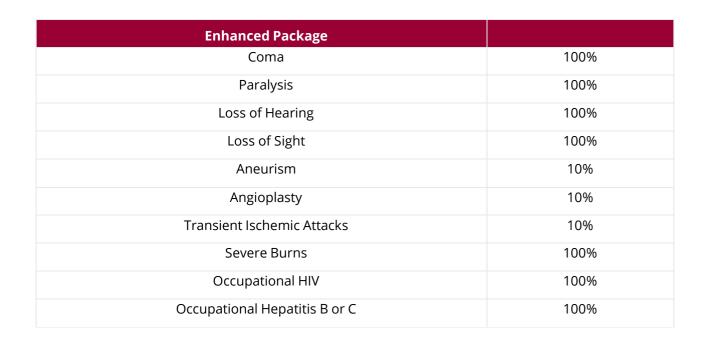
First occurrence:	\$30,000
Reoccurrence:	\$30,000
Coronary artery bypass:	<u>\$7,500</u>
Total benefits paid:	\$67,500

\*This example is for illustrative purposes only. Your plan details may vary. See your enrollment guide for more information around the specific benefits covered under your group's plan.

#### What benefits are included in my coverage?

Your Critical Illness Insurance includes a range of covered critical illnesses and benefit, as outlined below. For more information, see your certificate.

CRITICAL ILLNESS PLAN BENEFITS	
Critical Illness Benefits	Percentage of benefit paid
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure	100%
Benign Brain Tumor	100%
Bone Marrow or Stem Cell Transplant	25%
Coronary Artery Bypass Surgery	25%
Cancer Benefits	
Cancer	100%
Carcinoma in Situ	25%
Skin Cancer	10%



	Benefit amount		
Health Screening Ben	\$50		
	Examples of Eligible S	Screening Events	
Blood tests for triglycerides	Colonoscopy	Hepatitis B immunization	Sports physicals
Annual exam for adults	Bone marrow testing	HPV immunization	Stress test
Bone density screening	Chicken pox immunization	Mammography	Tetanus
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits
Concussion baseline testing	Dermatological screenings for skin cancer	Genetic screening for medical diagnosis & treatment	Serum cholesterol HDL/LDL



### How much does it cost?

See the weekly rate chart below to calculate your coverage costs.

\$10,000 No Tobacco Weekly Rates				
Age Band	Member	Member & Spouse	Member & Child(ren)	Family
< 30	\$1.26	\$2.04	\$1.70	\$2.48
30-39	\$2.21	\$3.47	\$2.65	\$3.91
40-49	\$4.04	\$6.22	\$4.48	\$6.65
50-59	\$7.71	\$11.71	\$8.15	\$12.15
60-64	\$10.63	\$16.10	\$11.07	\$16.54
65-69	\$13.03	\$19.70	\$13.47	\$20.14
70+	\$15.70	\$23.69	\$16.13	\$24.13

\$10,000 Tobacco Weekly Rates				
Age Band	Member	Member & Spouse	Member & Child(ren)	Family
< 30	\$1.82	\$2.87	\$2.30	\$3.36
30-39	\$3.42	\$5.28	\$3.91	\$5.77
40-49	\$6.50	\$9.91	\$6.99	\$10.39
50-59	\$12.68	\$19.17	\$13.16	\$19.65
60-64	\$17.61	\$26.56	\$18.09	\$27.04
65-69	\$21.65	\$32.62	\$22.14	\$33.11
70+	\$26.14	\$39.35	\$26.62	\$39.84

\$15,000 No Tobacco Weekly Rates					
Age Band	Member	Member & Spouse	Member & Child(ren)	Family	
< 30	\$1.67	\$2.65	\$2.14	\$3.12	
30-39	\$3.10	\$4.79	\$3.57	\$5.26	
40-49	\$5.84	\$8.91	\$6.31	\$9.38	
50-59	\$11.34	\$17.15	\$11.81	\$17.63	
60-64	\$15.72	\$23.73	\$16.20	\$24.21	
65-69	\$19.32	\$29.13	\$19.80	\$29.61	
70+	\$23.32	\$35.12	\$23.79	\$35.60	

\$15,000 Tobacco Weekly Rates					
Age Band	Member	Member & Spouse	Member & Child(ren)	Family	
< 30	\$2.50	\$3.90	\$3.04	\$4.44	
30-39	\$4.90	\$7.51	\$5.45	\$8.05	
40-49	\$9.53	\$14.44	\$10.08	\$14.99	
50-59	\$18.79	\$28.34	\$19.34	\$28.88	
60-64	\$26.18	\$39.42	\$26.73	\$39.97	
65-69	\$32.25	\$48.52	\$32.79	\$49.07	
70+	\$38.98	\$58.61	\$39.52	\$59.16	

\$20,000 Nc	\$20,000 No Tobacco Weekly Rates					
Age Band	Member	Member & Spouse	Member & Child(ren)	Family		
< 30	\$2.07	\$3.26	\$2.58	\$3.77		
30-39	\$3.98	\$6.11	\$4.48	\$6.62		
40-49	\$7.64	\$11.60	\$8.14	\$12.11		
50-59	\$14.97	\$22.60	\$15.47	\$23.10		
60-64	\$20.81	\$31.37	\$21.32	\$31.88		
65-69	\$25.61	\$38.57	\$26.12	\$39.08		
70+	\$30.94	\$46.56	\$31.45	\$47.06		

\$20,000 Tobacco Weekly Rates					
Age Band	Member	Member & Spouse	Member & Child(ren)	Family	
< 30	\$3.18	\$4.92	\$3.79	\$5.52	
30-39	\$6.39	\$9.73	\$6.99	\$10.34	
40-49	\$12.56	\$18.98	\$13.16	\$19.59	
50-59	\$24.90	\$37.51	\$25.51	\$38.11	
60-64	\$34.76	\$52.29	\$35.36	\$52.89	
65-69	\$42.85	\$64.42	\$43.45	\$65.02	
70+	\$51.82	\$77.87	\$52.42	\$78.48	

\$25,000 No Tobacco Weekly Rates					
Age Band	Member	Member & Spouse	Member & Child(ren)	Family	
< 30	\$2.48	\$3.86	\$3.02	\$4.41	
30-39	\$4.86	\$7.43	\$5.40	\$7.98	
40-49	\$9.43	\$14.30	\$9.98	\$14.84	
50-59	\$18.59	\$28.04	\$19.14	\$28.58	
60-64	\$25.90	\$39.01	\$26.45	\$39.55	
65-69	\$31.90	\$48.00	\$32.45	\$48.55	
70+	\$38.56	\$57.99	\$39.10	\$58.53	

\$25,000 Tobacco Weekly Rates					
Age Band	Member	Member & Spouse	Member & Child(ren)	Family	
< 30	\$3.86	\$5.94	\$4.53	\$6.61	
30-39	\$7.87	\$11.96	\$8.54	\$12.62	
40-49	\$15.58	\$23.52	\$16.25	\$24.19	
50-59	\$31.02	\$46.67	\$31.68	\$47.34	
60-64	\$43.34	\$65.15	\$44.00	\$65.82	
65-69	\$53.44	\$80.32	\$54.11	\$80.98	
70+	\$64.66	\$97.14	\$65.32	\$97.80	



\$30,000 No Tobacco Weekly Rates						
Age Band	Member	Member & Spouse	Member & Child(ren)	Family		
< 30	\$2.88	\$4.47	\$3.46	\$5.05		
30-39	\$5.74	\$8.75	\$6.32	\$9.33		
40-49	\$11.23	\$16.99	\$11.81	\$17.57		
50-59	\$22.22	\$33.48	\$22.80	\$34.06		
60-64	\$30.99	\$46.64	\$31.57	\$47.22		
65-69	\$38.19	\$57.44	\$38.77	\$58.02		
70+	\$46.18	\$69.42	\$46.76	\$70.00		

\$30,000 Tobacco Weekly Rates						
Age Band	Member	Member & Spouse	Member & Child(ren)	Family		
< 30	\$4.55	\$6.97	\$5.27	\$7.69		
30-39	\$9.36	\$14.18	\$10.08	\$14.91		
40-49	\$18.61	\$28.06	\$19.33	\$28.78		
50-59	\$37.13	\$55.84	\$37.85	\$56.57		
60-64	\$51.91	\$78.02	\$52.63	\$78.74		
65-69	\$64.04	\$96.21	\$64.76	\$96.93		
70+	\$77.50	\$116.40	\$78.22	\$117.12		

#### **Exclusions & limitations:**

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits will not be paid for any loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following, unless coverage is specifically provided for by name in insurance certificate:

- A specified health event for insured or covered spouse or for a specified health event for covered dependentchild(ren) occurring prior to the effective date of coverage for a covered person;
- Any condition not specifically listed as a specified health event for insured or covered spouse or for a specified health event for covered dependent child(ren);
- Suicide or attempt at suicide, or intentional self-inflicted injury or sickness;
- Participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's Instructions) orwhile intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs;
- Use of alcohol, drugs or narcotics;
- Commission of or attempt to commit an assault or felony;
- Engaging in an illegal activity or occupation; or
- Declared war or any act of declared war.

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace benefits provide limited benefits and are not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings, these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice, as noted in the policy. For complete details see your certificate.

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**Questions?** Contact your plan administrator with questions about the offered coverage.

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