

**Group Critical Illness Insurance Coverage**

SUMMARY OF BENEFITS – WITHOUT CANCER

**Sponsored by:** Bryan Independent School District

**Critical Illness insurance coverage provides a cash benefit to the policyholder when an insured person has a covered illness or event.**

**Eligibility** All employees in an eligible class. Issue Ages 17-70

<b>Critical Illness Base Coverage</b>	
<b>Benefit Description</b>	<b>Benefit Amount</b>
Maximum Principal Sum Employee	Choice of \$10,000 or \$20,000
Spouse	Choice of \$5,000 - \$10,000
Child Spouse and Child Principal Sum cannot exceed the Employee Principal Sum	25% of Employee Amount
Guarantee Issue Employee	\$20,000
Spouse	\$10,000
Child	\$5,000
<i>Lincoln CareCompass<sup>SM</sup></i> Category Critical Illness Assessment Benefit	\$50
Family Care Benefit (per insured dependent)	\$25
Heart Category Heart Attack, Heart Transplant, Stroke	Percent of Principal Sum 100%
Arteriosclerosis, Aneurysm	10%
Organ Category End Stage Renal Failure, Major Organ Transplant	Percent of Principal Sum 100%
Acute Respiratory Distress Syndrome	25%
Quality of Life Category ALS/Lou Gehrig's Disease, Advanced Alzheimer's Disease, Advanced Parkinson's Disease	Percent of Principal Sum 100%
Advanced MS, Loss of Sight, Hearing, or Speech	25%
Lifetime Category Maximum (Category Recurrence)	200% (100% recurrence)
Additional Category Occurrence	100% payable benefit
Benefit Waiting Period	None
Pre-existing Period	12/12
Benefit Reduction	None

## Cost Summary - Critical Illness Base Coverage Cost

Employee premiums are based on employee actual age.  
Spouse premiums are based on employee age.

Non-tobacco Monthly Premium per benefit amount for Employee

<b>Issue Age</b>	<b>\$10,000</b>	<b>\$20,000</b>
17-30	\$4.25	\$8.50
31-40	\$6.36	\$12.72
41-50	\$12.19	\$24.38
51-60	\$19.83	\$39.66
61-70	\$34.72	\$69.44

\*Child Dependent coverage offered at no additional cost.

Tobacco Monthly Premium per benefit amount for Employee

<b>Issue Age</b>	<b>\$10,000</b>	<b>\$20,000</b>
17-30	\$5.92	\$11.84
31-40	\$11.20	\$22.40
41-50	\$21.61	\$43.22
51-60	\$37.21	\$74.42
61-70	\$63.31	\$126.62

\*Child Dependent coverage offered at no additional cost.

Non-tobacco Monthly Premium per benefit amount for Spouse

<b>Issue Age</b>	<b>\$5,000</b>	<b>\$10,000</b>
17-30	\$2.13	\$4.25
31-40	\$3.19	\$6.36
41-50	\$6.10	\$12.19
51-60	\$9.92	\$19.83
61-70	\$17.36	\$34.72

Child Dependent coverage offered at no additional cost.

Tobacco Monthly Premium per benefit amount for Spouse

<b>Issue Age</b>	<b>\$5,000</b>	<b>\$10,000</b>
17-30	\$2.97	\$5.92
31-40	\$5.61	\$11.20
41-50	\$10.81	\$21.61
51-60	\$18.61	\$37.21
61-70	\$31.66	\$63.31

Child Dependent coverage offered at no additional cost.

## Exclusions

A benefit will not be paid under this policy when:

- A category maximum has been reached (for that Category, coverage will automatically terminate). If *Lincoln CareCompass*<sup>SM</sup> is the only remaining Category, coverage will be terminated.
- A new Category Occurrence happens within 90 days of another payable event in a different category.
- A Category Recurrence happens within 180 days of another payable event in the same category.
- Diagnosis occurs prior to the effective date, or after policy termination.
- The diagnosis is deemed a pre-existing condition.
- The diagnosis of any Child Category event and or any Quality of Life Category event prior to the effective date of coverage.
- An event was caused by self-inflicted injury, self destructive, suicide or attempting any of these, whether sane or insane.
- An event occurs during the attempt or commission of a felony, whether charged or not.
- An event occurs during an act of war (which is not terrorism), participation in a riot, insurrection or rebellion of any kind.
- An event occurs while serving as a member of any armed forces or auxiliary unit.
- An event occurs after the insured had resided outside of the US, Mexico, or Canada for 12 or more months.
- An event occurs while the insured was incarcerated in any type of penal facility.

### **For assistance or additional information**

Contact Lincoln Financial Group at (800) 423-2765 or log on to [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

NOTE: This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your coverage, other items may summarize our standard product features and not the specific features of your coverage. 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 policy will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the policy, the policy will govern.

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