



# Plan-at-a-Glance

## Critical Illness – INDIVIDUAL

Supplement your medical coverage and help protect your family, lifestyle and finances.

Your Anthem Blue Cross and Blue Shield medical plan offers health care coverage you and your family rely on. Now you can supplement your benefits beyond medical with Critical Illness insurance.

A major health event like a heart attack or cancer can quickly throw an average family into a financial crisis. While health insurance will help cover medical expenses, you may not be prepared for other financial setbacks that can occur when you're diagnosed with a critical illness. From lost income and medical deductibles to out-of-network office visits and uncovered treatments - these can all contribute to a financial hardship. Cash benefits from a Critical Illness insurance plan can help pay the expenses traditional health insurance doesn't cover, enabling you to focus on recovery.

### Standard Features

**Eligible Issue Ages:** 18 through 70. This policy is guaranteed renewable to age 75.

**Benefit Amount:** You choose an amount between **\$5,000** and **\$50,000**, in \$5,000 increments.

The Benefit Amount represents the cash payout you may receive upon diagnosis of a Specified Disease, as shown in the chart below.

### Coverage for the Whole Family

- If you're including your **Spouse or Partner** on your application, his or her Benefit Amount must match yours (In GA: Coverage not available for Partners).
- Each **Dependent Child** is automatically covered with a \$2,500 Benefit Amount – *at no additional cost* (In NH: \$2,000 Benefit Amount).

### What type of conditions does Critical Illness Insurance pay benefits for?

Specified Disease	% of Benefit Amount payable upon first diagnosis
Heart Attack	100%
Stroke (CVA) <sup>1</sup>	100%
Coronary Artery Disease	25%
Invasive Cancer (Sometimes referred to as infiltrating cancer)	100%
Carcinoma in Situ (Stage 0 and/or TisN0M0)	25%
Prostate Cancer	25%
Skin Cancer	5%
End Stage Renal Failure (Stage 5 Chronic Kidney Disease)	100%
Major Organ Failure	100%

<sup>1</sup> In NH: This disease is called Severe Stroke

See *Limitations and Exclusions* on next page for Pre-Existing Condition Limitation and the Benefit Wait Periods.

### Re-Occurrence Benefit

If you received a cash benefit payout for a Specified Disease, and are later diagnosed with a re-occurrence of that disease, you can receive another cash benefit equal to half of your previous payout, as long as the two diagnoses are at least 12 months apart, or for Invasive Cancer 12 months treatment-free (In GA: 6 months for both). The Re-Occurrence Benefit is not available for Skin Cancer.

### Subsequent Diagnosis of a Different Specified Disease

If you received a cash benefit payout for a Specified Disease, and are later diagnosed with a different Specified Disease, you can receive another cash benefit equal to the full Benefit Amount payable for the new disease if your diagnosis is at least six months after your diagnosis for the first disease. Subsequent diagnoses for different Specified Diseases must be at least six months apart from one another (In NH: 0 months).

### Return of Premium Benefit

If you die while your policy is in force, 100% of all premiums (less any benefits paid) will be returned to your beneficiary or estate. The premium amount will be calculated without interest and after any pending claims have been settled.

## Health Screening Benefit

Once per calendar year, each covered person can receive **\$50** for one of the wellness procedures listed below. The procedure must occur after a one-time 30 day Benefit Wait Period.

**Covered Procedures:** blood test for triglycerides; or Serum cholesterol test to determine level of HDL and LDL; or Cholesterol panel; or Fast blood glucose test; or HgA1C; or Carotid Doppler; or Doppler screening for abdominal aortic aneurysm; or Chest x-ray; or Stress test (bicycle or treadmill); or Echocardiogram; or Electrocardiogram; or Breast ultrasound; or Breast MRI; or Thermography; or Mammography; or CA 15-3 (blood test for breast cancer); or Pelvic exam; or Pap smear; or Thin Prep Pap; or CA 125 (blood test for ovarian cancer); or CA 19-9 (blood test for pancreatic cancer); or PSA (blood test for prostate cancer); or Biopsy for skin cancer; or CEA (blood test for colon cancer and cervical cancer); or Colonoscopy; or Virtual colonoscopy; or Flexible sigmoidoscopy; or Hemoccult stool analysis; or Fecal occult analysis; or Serum protein electrophoresis (blood test for Myeloma); or Bone marrow biopsy and aspiration.

## Limitations and Exclusions\*

No Benefit Amount will be payable for or on account of: a Covered Person's suicide or any attempt at suicide or intentionally self-inflicted injury or sickness while sane or insane; or a Covered Person's commission of or attempt to commit an assault or felony; or a Covered Person's engagement in an illegal occupation; or a Covered Person's voluntary participation in any riot or civil insurrection; or any illness specifically excluded from the definition of any Specified Disease; or war, or any act of war, whether declared or not; or balloon angioplasty, laser relief of an obstruction, and other intra-arterial procedure; or practicing or participating in any semiprofessional or professional competitive athletic contest for which compensation or remuneration is received; or medically related Specified Diseases that are diagnosed within a 12 month period between each Diagnosis; or Specified Diseases that occur while a Covered Person is intoxicated or under the influence of illegal drugs/substance or narcotics unless prescribed by a physician.

## Pre-Existing Condition Limitation (In GA: No pre-existing condition limitation)

We will not pay a Benefit Amount for Diagnosis of a Specified Disease that:

- Is diagnosed within 12 months (In NH: 6 months) after the Policy Effective Date of coverage; and
- Is caused by, contributed by, or results from a Pre-Existing Condition.

Pre-Existing Condition means a Specified Disease for which, within 12 months (In NH: 6 months) before the Policy Effective Date:

- Symptoms existed that would cause an ordinarily prudent person to seek advice or treatment from a Physician; or
- The Covered Person was treated, and received medical advice from a Physician, or was prescribed medicine.

## Benefit Wait Periods

No Benefit Amount will be payable during the first:

- **30 days** following the Policy Effective Date for Heart Attack, Stroke, End Stage Renal Failure or Major Organ Failure, or
- **90 days** following the Policy Effective Date for Invasive Cancer, Prostate Cancer, Skin Cancer or Carcinoma in Situ (In GA & NH: 30 days)

If the Diagnosis of a Specified Disease occurs during the Benefit Wait Period, you may cancel this Policy and all premium paid will be returned. Alternatively, you may choose to keep your Policy in effect in case of a future occurrence of a Specified Disease.

*\*The Limitations and Exclusions shown above may vary by state. The actual Limitations and Exclusions applicable to your policy will depend on the state in which your coverage is issued.*

THIS IS A LIMITED BENEFIT POLICY.

**For more information, contact your agent or visit us at [YourLifeSecure.com](http://YourLifeSecure.com)**

Anthem Blue Cross and Blue Shield does not underwrite, insure or administer the insurance plans described in this brochure. The Critical Illness Insurance product is underwritten by LifeSecure Insurance Company, an independent company that has sole financial responsibility and does not provide Anthem Blue Cross and Blue Shield products or services. There is no ownership affiliation between LifeSecure Insurance Company or Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

LifeSecure and the logo are trademarks of **LifeSecure Insurance Company - New Hudson, MI**. This marketing flyer is for illustrative purposes only and is not a contract. It is intended only to provide a general overview of our product and services. Please remember only the insurance policy can give actual coverage amounts, terms, and conditions. Refer also to the Outline of Coverage. This is an insurance solicitation. An agent may contact you.