



Plan-at-a-Glance

Critical Illness Insurance – INDIVIDUAL

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

Your Blue Cross and Blue Shield of Nebraska 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
- Each **dependent child** is automatically covered with a \$2,500 benefit amount – *at no additional cost*

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)	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%

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. 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.

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 a 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

We will not pay a benefit amount for diagnosis of a specified disease that:

- Is diagnosed within 12 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 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

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

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