Lincoln Financial Group®

Individual Critical Illness Insurance Coverage

SUMMARY OF BENEFITS

Sponsored by: **West Med in New York**

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

Eligibility You must be actively at work at the time of application (20 or more hours per week), be able to perform the regular duties of your occupation, and apply for coverage in the state of New York. All persons to be insured under the policy must be insured under a major medical insurance plan, cannot be insured for more than seven specified diseases, nor have any existing insurance for a specified disease covered under this policy. Issue Ages 17-70

Critical Illness Base Coverage	
Benefit Description	**Benefit Amount**
Maximum Principal Sum	
Employee	Choice of $5,000 - $10,000 - $15,000 - $20,000 - $25,000
Spouse	Choice of $5,000 - $10,000 - $15,000
Child	Choice of $5,000 or $10,000
Spouse and Child Principal Sum cannot exceed the Employee Principal Sum	
Guarantee Issue*	
Employee	$25,000
Spouse	$15,000
Child	All Guarantee Issue
(*Conditional GI subject to 15% participation)	
Lincoln CareCompass℠ Category	
Critical Illness Assessment Benefit	$50
Family Care Benefit (per insured dependent)	$25
Heart Category	Percent of Principal Sum
Heart Attack, Heart Transplant, Stroke	100%
Arteriosclerosis, Aneurysm	10%
Cancer Category	Percent of Principal Sum
Invasive Cancer	100%
Cancer In Situ, Benign Brain Tumor, Bone Marrow Transplant	25%
Organ Category	Percent of Principal Sum
End Stage Renal Failure, Major Organ Transplant	100%
Acute Respiratory Distress Syndrome	25%
Lifetime Category Maximum (Category Recurrence)	100% (0% recurrence)
Additional Category Occurrence	100% payable benefit
Benefit Waiting Period	None
Pre-existing Period	6/3/6
Benefit Reduction	None

Cost Summary - Critical Illness Base Coverage Cost

Employee premiums are based on employee actual age and tobacco status.
Spouse premiums are based on spouse actual age and tobacco status.

Non-Tobacco **Monthly** Premium per benefit amount for Employee

Issue Age	$5,000	$10,000	$15,000	$20,000	$25,000
17-30	$1.97	$3.92	$5.89	$7.84	$9.81
31-40	$3.60	$7.19	$10.79	$14.38	$17.98
41-50	$7.22	$14.43	$21.65	$28.86	$36.08
51-60	$13.32	$26.63	$39.95	$53.26	$66.58
61-70	$22.46	$44.90	$67.36	$89.80	$112.26

Tobacco **Monthly** Premium per benefit amount for Employee

Issue Age	$5,000	$10,000	$15,000	$20,000	$25,000
17-30	$2.56	$5.10	$7.66	$10.20	$12.76
31-40	$5.50	$10.98	$16.48	$21.96	$27.46
41-50	$12.89	$25.75	$38.64	$51.50	$64.39
51-60	$26.68	$53.36	$80.04	$106.72	$133.40
61-70	$46.84	$93.68	$140.52	$187.36	$234.20

Non-Tobacco **Monthly** Premium per benefit amount for Spouse

Issue Age	$5,000	$10,000	$15,000
17-30	$1.97	$3.92	$5.89
31-40	$3.60	$7.19	$10.79
41-50	$7.22	$14.43	$21.65
51-60	$13.32	$26.63	$39.95
61-70	$22.46	$44.90	$67.36

Tobacco **Monthly** Premium per benefit amount for Spouse

Issue Age	$5,000	$10,000	$15,000
17-30	$2.56	$5.10	$7.66
31-40	$5.50	$10.98	$16.48
41-50	$12.89	$25.75	$38.64
51-60	$26.68	$53.36	$80.04
61-70	$46.84	$93.68	$140.52

Monthly Premium per benefit amount for Child* Dependents

Issue	$5,000	$10,000
17-30	$1.33	$2.64
31-40	$1.79	$3.56
41-50	$1.83	$3.64
51-60	$1.48	$2.94
61-70	$1.21	$2.41

*Child rates based on employee's issue age.

** This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency

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*^{SM} is the only remaining Category, coverage will be terminated.
- Diagnosis occurs during the Benefit Waiting Period, prior to the effective date, or after policy termination.
- The diagnosis is deemed a pre-existing condition. This applies only during the Exclusionary Period following the covered person's effective date.
- An event occurs due to suicide, attempted suicide, or intentional self-inflicted injury;
- An event occurs due to participation in the commission of a felony;
- An event occurs due to war or any act of war, declared or undeclared; or participation in a riot or insurrection;
- An event occurs due to duty as a member of any Armed Forces or units auxiliary thereto; or
- An Event/Illness is sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months.

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to 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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