Lincoln Financial Group®

Group Critical Illness Insurance Coverage

SUMMARY OF BENEFITS

Sponsored by: **West Med for Non-NY Employees**

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 outside of New York. Issue Ages 17-70

Critical Illness Base Coverage	
Benefit Description	**Benefit Amount**
Maximum Principal Sum Employee Spouse Child Spouse and Child Principal Sum cannot exceed the Employee Principal Sum	 Choice of $5,000 - $10,000 - $15,000 - $20,000 - $25,000 Choice of $5,000 - $10,000 - $15,000 Choice of $5,000 or $10,000
Guarantee Issue Employee Spouse Child	 $25,000 $15,000 All Guaranteed Issue
Lincoln CareCompass℠ Category Critical Illness Assessment Benefit Family Care Benefit (per insured dependent)	 $50 $25
Heart Category Heart Attack, Heart Transplant, Stroke Arteriosclerosis, Aneurysm	Percent of Principal Sum 100% 10%
Cancer Category Invasive Cancer Cancer In Situ, Benign Brain Tumor, Bone Marrow Transplant	Percent of Principal Sum 100% 25%
Organ Category End Stage Renal Failure, Major Organ Transplant Acute Respiratory Distress Syndrome	Percent of Principal Sum 100% 25%
Lifetime Category Maximum (Category Recurrence)	100% (0% recurrence)
Additional Category Occurrence	100% payable benefit
Benefit Waiting Period	None
Pre-existing Period	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	$2.51	$5.00	$7.51	$10.00	$12.51
31-40	$3.92	$7.82	$11.74	$15.64	$19.56
41-50	$7.99	$15.96	$23.95	$31.92	$39.91
51-60	$13.97	$27.91	$41.88	$55.82	$69.79
61-70	$24.27	$48.52	$72.79	$97.04	$121.31

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

Issue Age	$5,000	$10,000	$15,000	$20,000	$25,000
17-30	$3.67	$7.31	$10.98	$14.62	$18.29
31-40	$7.54	$15.05	$22.59	$30.10	$37.64
41-50	$15.67	$31.33	$47.00	$62.66	$78.33
51-60	$29.90	$59.78	$89.68	$119.56	$149.46
61-70	$53.81	$107.60	$161.41	$215.20	$269.01

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

Issue Age	$5,000	$10,000	$15,000
17-30	$2.51	$5.00	$7.51
31-40	$3.92	$7.82	$11.74
41-50	$7.99	$15.96	$23.95
51-60	$13.97	$27.91	$41.88
61-70	$24.27	$48.52	$72.79

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

Issue Age	$5,000	$10,000	$15,000
17-30	$3.67	$7.31	$10.98
31-40	$7.54	$15.05	$22.59
41-50	$15.67	$31.33	$47.00
51-60	$29.90	$59.78	$89.68
61-70	$53.81	$107.60	$161.41

Monthly Premium per benefit amount for Child* Dependents

Issue	$5,000	$10,000
17-30	$1.42	$2.83
31-40	$1.91	$3.81
41-50	$1.96	$3.90
51-60	$1.58	$3.15
61-70	$1.29	$2.57

*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.
- 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.
- The diagnosis is deemed a pre-existing condition.
- 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

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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