



Summary of Benefits

Voluntary Critical Illness Benefit Summary

Group ID:	00543041	Coverage Type:	Voluntary
Group Name:	CITIZENS MEMORIAL HOSPITAL	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	08/29/2023

Coverage Information

Employee Volume Amount	Plan A Lump sum amount \$10,000 Plan B Lump sum amount \$20,000
Spouse Volume Amount	50% of Member's benefit to a maximum of \$10,000
Child Volume Amount	25% of Member's benefit to a maximum of \$5,000
Member Guaranteed Issue	Ages 15-69 \$20,000 Ages 70 and up, Medical Questions are required for all amounts. Ages 70 and up, Medical Questions are required for all amounts.
Spouse Guaranteed Issue	Member's Age 15-69 \$10,000 Ages 70 and up, Medical Questions are required for all amounts.
Child Guaranteed Issue	All amounts are guaranteed.

Covered Conditions	1st Occurrence	2nd Occurrence
Stroke	100% of lump sum	50% of lump sum
Heart Failure	100% of lump sum	50% of lump sum
Arteriosclerosis	30% of lump sum	0% of lump sum
Organ Failure	100% of lump sum	50% of lump sum
Kidney Failure	100% of lump sum	50% of lump sum
Infectious/Contagious Disease	30% of lump sum	

Additional Covered Conditions	
Addison's Disease	30% of lump sum
ALS (Lou Gehrig's Disease)	100% of lump sum
Alzheimer's Disease	50% of lump sum
Coma	100% of lump sum
Huntington's Disease	30% of lump sum
Multiple Sclerosis	30% of lump sum
Loss of Speech	100% of lump sum
Loss of Sight	100% of lump sum
Loss of Hearing	100% of lump sum
Parkinson's Disease	100% of lump sum
Permanent Paralysis	2+ Limbs =100% of lump sum, 1 Limb =50% of lump sum
Severe Burns	100% of lump sum

Member Wellness Benefit	Provides a \$100 per year member benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs and many more.
Spouse Wellness Benefit	Provides a \$100 per year spouse benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation and weight reduction programs.
Child Wellness Benefit	Provides a \$100 per year child benefit for completing certain routine wellness screenings or procedures such as bone marrow testing, chest x-ray, pap smear and weight reduction programs.
Cutbacks	50% at age 70
Rider/Additional Benefits	
Occupational HIV/Hepatitis	100% of Employee Benefit for the First Occurrence

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you decide to purchase more than the amount guaranteed by Guardian or enroll outside the annual open enrollment period, you must answer some medical questions to help us assess your insurability.
Can I take the policy with me if I leave the company?	You can port this coverage to a group conversion trust.

Voluntary Critical Illness and General Exclusions

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Recurrence (second occurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the Recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor. We will not pay benefits for more than one Recurrence (third or later occurrence) of any Critical Illness. First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance. If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with

a physician, receives treatment or takes prescribed drugs. We do not pay benefits for claims relating to a covered person taking part in any war or act of war (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to coverage all medical expenses. This benefit summary summarizes the major features of the Guardian Critical Illness benefit plan. It is not intended to be a complete representation of the proposed plan. The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. For full plan features, including exclusions and limitations, please refer to your Policy or contact your sales representative.



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.