Summary of Benefits for Stephens Insitute

Critical Illness $10,000 Plan

With Skin Cancer Diagnosis Benefit

Critical Illness coverage provides the added layer of security you want and need when illness occurs— a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits: Help pay for out-of-pocket medical costs, prescriptions, hospital bills, X-rays, daily expenses, rent, food, or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Health Screening benefit pays for wellness exams, specific tests and other generally medically accepted cancer screenings
- You can take your coverage with you even if you leave your employer.[1]
- Benefits for covered spouse are 50% and children are 50% of the amount shown below, except for Health Screening and Skin Cancer

Cancer Benefits

Benefit	Amount
Invasive Cancer	$10,000
Treatment Free Period	12 months
Non-Invasive Cancer	$2,500
Benign Brain Tumor	$10,000

Vascular Benefits

Benefit	Amount
Heart Failure	$10,000
Heart Attack (Myocardial Infarction)	$10,000
Stroke	$10,000
Coronary Artery Disease	$2,500

Neurological Benefits

Benefit	Amount
Advanced Parkinson's Disease	$10,000
Advanced Multiple Sclerosis	$10,000
Motor Neuron Disease (i.e. ALS)	$10,000
Advanced Dementia (i.e. Advanced Alzheimer's Disease)	$10,000

Other Specified Illness Benefits

Benefit	Amount
Coma	$10,000
Paralysis	$10,000
Major Organ Failure	$10,000
End Stage Renal (Kidney) Disease	$10,000
Loss of Hearing	$10,000
Loss of Speech	$10,000
Loss of Vision	$10,000
Infectious Disease (Confined at least 5 days)	$1,000

Recurrence Benefits

Benefit	Amount
Recurrence Waiting Period	12 months
Invasive Cancer	50% of Previously Covered Benefit
Benign Brain Tumor	50% of Previously Covered Benefit
Heart Failure	50% of Previously Covered Benefit
Heart Attack (Myocardial Infarction)	50% of Previously Covered Benefit
Stroke	50% of Previously Covered Benefit
Coma	50% of Previously Covered Benefit
Major Organ Failure	50% of Previously Covered Benefit

Other key features

Benefit	Amount
Health Screening (per covered person, per calendar year)	$50
Skin Cancer benefit, per member, once per lifetime	$250
Additional occurrence of multiple conditions	Covered with 30 day separation period If both conditions are Vascular or both are Cancer. Otherwise, covered with no separation period.
Pre-Existing Conditions Limitation[2]	None
Lifetime Benefit Maximum - Employee	$250,000
Lifetime Benefit Maximum - Spouse	$125,000
Lifetime Benefit Maximum - Children	$125,000

How to file claims

You can file claims online at https://www.Anthem.com/ or download the Sydney Health app to file your claim. If you are not enrolled in an Anthem medical plan, you can file your claims online at https://supplemental-health.anthem.com/. If you prefer to file your claim by mail, ask your HR Rep for a claim form or download https://file.anthem.com/122954MUMENMUB.pdf. Complete the claim form and send it with any supporting documents to: Supplemental Insurance Benefit Department, P.O. Box 2076 Grapevine, TX 76099. Contact us with any questions: (888) 828-2432.

Monthly Cost[3] **Uni-Tobacco Rates**

Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	$2.95	$4.82	$4.42	$6.53
25-29	$3.59	$5.78	$5.06	$7.49
30-34	$3.96	$6.35	$5.43	$8.06
35-39	$4.95	$7.83	$6.42	$9.54
40-44	$6.82	$10.74	$8.29	$12.45
45-49	$10.50	$16.52	$11.97	$18.23
50-54	$14.35	$22.59	$15.82	$24.30
55-59	$19.29	$30.45	$20.76	$32.16
60-64	$27.03	$42.66	$28.50	$44.37
65-69	$37.90	$59.40	$39.37	$61.11
70-74	$50.93	$79.57	$52.40	$81.28
75-79	$67.07	$104.45	$68.54	$106.16
80-84	$78.49	$121.92	$79.96	$123.63

Annual age redetermination on anniversary is calculated using date of birth on or before anniversary date.

Exclusions

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

General Limitations

Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable Benefit Separation Period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a Recurrence provision
- For which a covered person has already received a benefit payment under the Recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in a covered person's certificate.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

[1] **Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving**

[2] **Covered accidents or illness must occur after the effective date of coverage.**

[3] **Actual deductions may vary slightly due to rounding and payroll frequency.**

In CA, GA, NY or CO, members must be enrolled in comprehensive health benefits from a group health insurance plan, an employer sponsored plan, an HMO plan, or an individual health plan that provides essential health benefits.

Group Critical Illness benefits provided by policy form SCI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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