



## CRITICAL ILLNESS INSURANCE.

A recent study of American cancer survivors showed that 65% of participants did not have sufficient income to cover out-of-pocket expenses for cancer treatment and other incurred debts related to the illness. Following treatment, 30% reported debt of \$10,000 or more.<sup>1</sup>

### WHAT IS IT?

With Critical Illness insurance, you'll receive a lump-sum payment when a covered illness is diagnosed. You can use the payment in any way you choose, including:

Expenses not covered by your medical insurance

- Deductibles and coinsurance
- Caregiver expenses
- Travel to and from treatment centers
- Rehabilitation

Day-to-day living expenses

- Rent or mortgage payments
- Groceries
- Child care
- Utility bills

### HOW DOES THE COVERAGE WORK?

- You and your dependents are eligible for coverage.
- You choose the amount of coverage available at the time of enrollment.
- A lump sum benefit is paid when you or a dependent are diagnosed with a covered illness while insured under the policy.
- If a previously covered illness returns, or you're diagnosed with an additional covered illness, benefits remain payable up to the benefit maximum for as long as you are insured under the policy (subject to plan terms and conditions)

*continued*



### CASE ILLUSTRATION: RACHEL'S STORY.<sup>4</sup>

Rachel is a working mom who was hospitalized with a heart attack at the age of 45. Her health insurance paid for most of her medical expenses, but she was responsible for several thousands of dollars in copayments and deductibles. Fortunately, Rachel had enrolled last year in a \$10,000 Critical Illness benefit through her employer. The payout covered her outstanding medical expenses as well as child care and other living expenses she incurred during her recovery period. Even after receiving a full benefit under the policy, Rachel's coverage may remain in-force and provide financial support if she or a dependent should experience another major illness in the future.

**NOTE:** Your Critical Illness Benefit Highlight Sheet lists covered illnesses and additional benefits that may be included in your plan (such as cancer care, physical therapy, home health care and health screenings).

### WHY DO I NEED IT?

A major illness – such as cancer, a heart attack or stroke – can leave you emotionally, physically and financially overwhelmed. Critical Illness insurance can help relieve the financial impact of an illness so you can focus on recovery.

Critical Illness insurance can enhance your traditional medical plan. When combined with accident or disability insurance, it can also help ensure that you'll be better prepared to cover out-of-pocket expenses in the event of a serious illness.

In addition to financial support, Critical Illness insurance provides these services to help you focus on your treatment and recovery:

- HealthChampion<sup>SM 2,3</sup> - Unlimited access to administrative and clinical experts who can guide you through your health concerns and care options.
- Ability Assist<sup>®2</sup> - 24/7 access to trained professionals and resources for assistance with the financial, legal and emotional issues that may follow a serious illness.

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Visit us at [THEHARTFORD.COM/EMPLOYEEBENEFITS](http://THEHARTFORD.COM/EMPLOYEEBENEFITS)

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This policy provides limited benefits for specified diseases only. This limited health 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.

<sup>1</sup> Insights From Survivors: Managing the Personal, Emotional and Financial Impact of Cancer, Washington National Institute for Wellness Solutions, 2014.

<sup>2</sup> Ability Assist<sup>®</sup> and HealthChampion<sup>SM</sup> services are provided through The Hartford by ComPsych<sup>®</sup>. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

<sup>3</sup> HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment.

<sup>4</sup> This benefit example is fictitious and for illustrative purposes only.

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# GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS



**65%** of American cancer survivors did not have sufficient income to cover **out-of-pocket expenses** for cancer treatment and other incurred debts **related to the illness.**<sup>1</sup>

## Salt Lake Community College

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical Illness insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Critical Illness insurance, visit [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

## BENEFITS & FEATURES

COVERAGE AMOUNTS	
Employee Coverage Amount	\$10,000; \$20,000; or \$30,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren) Coverage Amount	\$5,000
COVERED ILLNESSES	BENEFIT AMOUNTS
CANCER CONDITIONS	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
Non-invasive Cancer	25% of coverage amount
VASCULAR CONDITIONS	
Heart Attack*; Heart Transplant*; Stroke*	100% of coverage amount
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount
OTHER SPECIFIED CONDITIONS	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
NEUROLOGICAL CONDITIONS	
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's); Alzheimer's Disease	100% of coverage amount
ADDITIONAL BENEFITS	BENEFIT AMOUNTS
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of original benefit amount
Health Screening Benefit	\$50 once per year per covered person
FEATURES	DETAILS

Coverage Maximum – Primary Insured & Spouse/Partner	500% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount
Ability Assist® EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues	
HealthChampion <sup>SM2</sup> – Administrative and clinical support following serious illness or injury	

## PREMIUMS

See the Premium Worksheet.<sup>4</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.<sup>5</sup>

### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don’t have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

### WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

<sup>1</sup>Insights From Survivors: Managing the Personal, Emotional and Financial Impact of Cancer, Washington National Institute for Wellness Solutions, 2014.

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<sup>4</sup>Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details including the provisions, terms, conditions, limitations and exclusions are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford’s compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.



# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP CRITICAL ILLNESS INSURANCE

### LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the diagnosis of a covered illness, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

**Benefit Separation Periods.** If a covered person is diagnosed with a covered illness, and is subsequently diagnosed with another covered illness, the following separation periods apply between benefit payments. If the subsequent diagnosis is for: 1) A different, non-related covered illness than the first diagnosis (e.g. a cancer illness then a vascular illness), then no separation period applies; 2) A covered illness that is related to the first (e.g. two vascular illnesses, like heart attack and stroke), then a 6 months separation period applies; 3) The same covered illness as the first (e.g. two heart attacks) as allowed by the Recurrence Benefit, then a 12 months separation period applies.

**Exclusions.** This insurance does not provide benefits for any loss 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

**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 your certificate.

## NOTICES

### 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 NY: 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.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. In addition, NY residents covered by another Critical Illness or specified disease plan are not eligible for coverage. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

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## ADDITIONAL SERVICES



### Salt Lake Community College

If you are enrolled in insurance coverage with The Hartford, you may also be eligible to receive additional services at no cost to you. These services help with challenges that come before and after a claim. Be sure to read the information provided below; The Hartford wants to be there when you need us.

### SERVICES AVAILABLE

COVERAGE ENROLLED IN	ADDITIONAL SERVICES AVAILABLE
Accident	Ability Assist® Counseling Services Health Champion <sup>SM</sup>
Critical Illness	Ability Assist® Counseling Services Health Champion <sup>SM</sup>
Hospital Indemnity	Ability Assist® Counseling Services Health Champion <sup>SM</sup>

### ASKED & ANSWERED

#### WHAT IS ABILITY ASSIST COUNSELING SERVICES?

**Ability Assist<sup>®1</sup> Counseling Services** provides access to Master's- and PhD-degreed clinicians for 24/7 assistance if you're enrolled in coverage. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns.

For more information on Ability Assist<sup>®</sup> Counseling Services:

Call 1-800-964-3577

Visit [www.guidanceresources.com](http://www.guidanceresources.com)

Company name: **Abili** Company ID: **HLF90**

#### WHAT IS HEALTHCHAMPION?

**HealthChampion<sup>SM5</sup>** offers unlimited access to benefit specialists and nurses for administrative and clinical support to address medical care and health insurance claims concerns if you're enrolled in coverage. Service includes: guidance on health insurance claims and billing support, explanation of benefits, cost estimates and fee negotiation, information related to conditions and available treatments, and support to help prepare for medical visits.

For more information on HealthChampion<sup>SM</sup> Services

Call 1-800-964-3577

Visit [www.guidanceresources.com](http://www.guidanceresources.com)

Company name: **Abili** Company ID: **HLF902**

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This Benefit Highlights Sheet is an overview of the non-insurance services being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the services as actually provided. Only the Service Provider can fully describe all of the provisions, terms, conditions, limitations and exclusions of your non-insurance service coverage.

# Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

<b>VOLUNTARY CRITICAL ILLNESS INSURANCE</b>													
<b>Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)</b>													
<b>NON-TOBACCO USER</b>													
Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$1.88	\$2.26	\$2.48	\$3.05	\$4.09	\$6.05	\$8.17	\$11.04	\$15.67	\$21.78	\$30.34	\$41.12
	Employee & Spouse/Partner	\$3.05	\$3.62	\$3.96	\$4.81	\$6.40	\$9.43	\$12.72	\$17.18	\$24.34	\$33.64	\$46.72	\$63.04
	Employee & Child(ren)	\$2.83	\$3.21	\$3.44	\$4.01	\$5.05	\$7.01	\$9.13	\$12.00	\$16.62	\$22.74	\$31.29	\$42.08
	Employee & Family	\$4.16	\$4.73	\$5.07	\$5.92	\$7.51	\$10.54	\$13.83	\$18.29	\$25.45	\$34.75	\$47.83	\$64.15
\$20,000	Employee Only	\$3.25	\$3.98	\$4.41	\$5.55	\$7.59	\$11.48	\$15.71	\$21.45	\$30.70	\$42.92	\$60.03	\$81.61
	Employee & Spouse/Partner	\$5.12	\$6.19	\$6.83	\$8.52	\$11.62	\$17.59	\$24.17	\$33.08	\$47.41	\$66.00	\$92.16	\$124.80
	Employee & Child(ren)	\$4.21	\$4.94	\$5.37	\$6.50	\$8.54	\$12.43	\$16.67	\$22.40	\$31.65	\$43.88	\$60.98	\$82.56
	Employee & Family	\$6.23	\$7.30	\$7.94	\$9.63	\$12.73	\$18.71	\$25.28	\$34.20	\$48.52	\$67.11	\$93.27	\$125.91
\$30,000	Employee Only	\$4.63	\$5.70	\$6.34	\$8.04	\$11.08	\$16.90	\$23.25	\$31.85	\$45.73	\$64.06	\$89.72	\$122.09
	Employee & Spouse/Partner	\$7.18	\$8.76	\$9.71	\$12.23	\$16.83	\$25.76	\$35.62	\$48.99	\$70.47	\$98.36	\$137.59	\$186.57
	Employee & Child(ren)	\$5.59	\$6.66	\$7.30	\$8.99	\$12.04	\$17.85	\$24.21	\$32.80	\$46.68	\$65.02	\$90.68	\$123.05
	Employee & Family	\$8.30	\$9.87	\$10.82	\$13.34	\$17.95	\$26.88	\$36.73	\$50.10	\$71.59	\$99.47	\$138.71	\$187.68

<b>VOLUNTARY CRITICAL ILLNESS INSURANCE</b>													
<b>Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)</b>													
<b>TOBACCO USER</b>													
Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$2.01	\$2.52	\$2.93	\$3.88	\$5.73	\$9.54	\$14.11	\$20.36	\$30.56	\$45.08	\$61.31	\$74.45
	Employee & Spouse/Partner	\$3.25	\$4.02	\$4.65	\$6.10	\$8.97	\$14.90	\$21.96	\$31.64	\$47.38	\$69.59	\$94.73	\$114.85
	Employee & Child(ren)	\$2.96	\$3.47	\$3.88	\$4.84	\$6.69	\$10.50	\$15.07	\$21.32	\$31.52	\$46.04	\$62.27	\$75.40
	Employee & Family	\$4.36	\$5.13	\$5.77	\$7.21	\$10.09	\$16.02	\$23.08	\$32.75	\$48.49	\$70.70	\$95.84	\$115.96
\$20,000	Employee Only	\$3.52	\$4.50	\$5.31	\$7.20	\$10.87	\$18.45	\$27.59	\$40.09	\$60.48	\$89.52	\$121.99	\$148.26
	Employee & Spouse/Partner	\$5.52	\$6.99	\$8.22	\$11.10	\$16.77	\$28.55	\$42.66	\$62.01	\$93.48	\$137.90	\$188.18	\$228.42
	Employee & Child(ren)	\$4.47	\$5.45	\$6.26	\$8.16	\$11.83	\$19.41	\$28.54	\$41.04	\$61.44	\$90.48	\$122.94	\$149.21
	Employee & Family	\$6.63	\$8.10	\$9.34	\$12.21	\$17.88	\$29.67	\$43.77	\$63.12	\$94.60	\$139.01	\$189.29	\$229.53
\$30,000	Employee Only	\$5.02	\$6.48	\$7.68	\$10.52	\$16.01	\$27.37	\$41.07	\$59.81	\$90.41	\$133.96	\$182.66	\$222.07
	Employee & Spouse/Partner	\$7.78	\$9.96	\$11.79	\$16.10	\$24.56	\$42.20	\$63.36	\$92.38	\$139.59	\$206.21	\$281.63	\$341.99
	Employee & Child(ren)	\$5.98	\$7.43	\$8.64	\$11.47	\$16.96	\$28.32	\$42.02	\$60.77	\$91.36	\$134.92	\$183.62	\$223.02
	Employee & Family	\$8.90	\$11.07	\$12.91	\$17.21	\$25.68	\$43.31	\$64.47	\$93.49	\$140.70	\$207.32	\$282.74	\$343.10

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