

ACCIDENT, CRITICAL ILLNESS OR HOSPITAL INDEMNITY

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596**(TY: 1-855-889-4325) to find health coverage options.
- To find out if you get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Critical Illness \$10,000 Plan

With Skin Cancer benefit

**Professional Plastics, Inc.**

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 to best support recovery for yourself or a family member. Use your critical illness coverage to help pay for out-of-pocket medical costs, such as for prescriptions, hospital bills, X-rays or daily expenses like rent, food or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- \$50 payment towards health screenings, such as a lipid panel or fasting glucose test. .
- You can take your coverage with you even if you leave your employer.¹

Convenience

We are here to help. To file a claim, start with the claim form provided by your employer. Follow the instructions on the form to submit and contact the phone number listed on that form with any questions about your benefits or about how to file a claim.

Note: Critical Illness benefits for covered spouse and dependents are 50% of the amount shown below, except for Health Screening, which is \$50 for any covered member, and Skin Cancer, which is \$250 for any covered member.

Benefit		Amount
Cancer	Invasive cancer	\$10,000
	Non-invasive cancer	\$2,500
	Benign brain tumor	\$10,000
Vascular	Heart transplant	\$10,000
	Heart attack (myocardial infarction)	\$10,000
	Stroke	\$10,000
	Coronary artery by-pass surgery	\$2,500
Other Specified Illness	Coma	\$10,000
	Paralysis	\$10,000
	Major organ transplant	\$10,000
	End-stage renal disease	\$10,000
	Loss of hearing	\$10,000
	Loss of speech	\$10,000
	Loss of vision	\$10,000
Neurological	Advanced Parkinson's disease	\$10,000
	Advanced Alzheimer's disease	\$10,000
	Amyotrophic Lateral sclerosis	\$10,000
	Advanced Multiple Sclerosis	\$10,000
Health screening benefit: per member, per calendar year		\$50
Skin Cancer benefit, per member, once per lifetime		\$250
Recurrence benefits	Recurrence waiting period	12 months
	Invasive cancer	50% of previously covered benefit
	Benign brain tumor	50% of previously covered benefit
	Heart transplant	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 transplant	50% of previously covered benefit
Other Key Features	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.
	Lifetime benefit maximum — employee	\$250,000
	Lifetime benefit maximum — spouse & children	\$125,000

Monthly Cost

		Standard \$10,000 Plan with Skin Cancer			
		Monthly Rates			
		EE Only	EE + SP	EE + CH	EE + FAM
Uni-Tobacco	18-24	\$3.32	\$5.43	\$5.05	\$7.44
	25-29	\$4.08	\$6.57	\$5.81	\$8.59
	30-34	\$4.59	\$7.36	\$6.32	\$9.38
	35-39	\$5.81	\$9.20	\$7.54	\$11.22
	40-44	\$7.80	\$12.27	\$9.53	\$14.29
	45-49	\$11.48	\$17.98	\$13.21	\$20.00
	50-54	\$15.86	\$24.80	\$17.59	\$26.81
	55-59	\$21.96	\$34.35	\$23.69	\$36.36
	60-64	\$31.00	\$48.39	\$32.73	\$50.41
	65-69	\$41.79	\$64.92	\$43.52	\$66.94
	70-74	\$56.38	\$87.32	\$58.11	\$89.34
	75-79	\$76.71	\$118.13	\$78.44	\$120.15
	80-84	\$91.20	\$140.04	\$92.93	\$142.06

1 Not available in all states. 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 employer.

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

3 Members must be enrolled in comprehensive health benefits from an individual or group health insurance plan, an employer sponsored health plan, or an HMO 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. If you have any questions, please contact your Human Resources/Benefits manager.

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