

# CRITICAL ILLNESS – Lincoln



## Voluntary Critical Illness Insurance Coverage

### SUMMARY OF BENEFITS

Sponsored by: Pampa ISD

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. Issue Ages 17-70

Critical Illness Base Coverage	
Benefit Description	Benefit Amount
Maximum Principal Sum Employee	Choice of \$10,000 - \$15,000 - \$20,000 - \$25,000
Spouse* *Spouse Principal Sum cannot exceed Employee Principal Sum	Choice of \$5,000 - \$10,000 - \$15,000 - \$25,000
Child* *Child Principal Sum cannot exceed Employee Principal Sum	25% of Employee Principal Sum up to \$5,000
Guarantee Issue Employee Spouse Child	\$25,000 \$10,000 All Guarantee Issue
<i>Lincoln CareCompass<sup>SM</sup></i> Category Critical Illness Assessment Benefit Family Care Benefit (per insured dependent)	\$100 \$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%
Accident Category Coma, Severe Burn, Paralysis	100%
Lifetime Category Maximum (Category Recurrence)	200% (100% recurrence)
Additional Category Occurrence	100% payable benefit
Benefit Waiting Period	None
Pre-existing Period	12/12
Benefit Reduction	None

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### Cost Summary - Critical Illness Base Coverage Cost

Employee and Spouse premiums are based on employee actual age.

Non-Tobacco Monthly Premium per benefit amount for Employee

Issue Age	\$10,000	\$15,000	\$20,000	\$25,000
17-30	\$7.60	\$11.40	\$15.20	\$19.00
31-40	\$10.69	\$16.04	\$21.38	\$26.73
41-50	\$19.96	\$29.95	\$39.92	\$49.91
51-60	\$33.11	\$49.67	\$66.22	\$82.78
61-70	\$56.55	\$84.83	\$113.10	\$141.38

Tobacco Monthly Premium per benefit amount for Employee

Issue Age	\$10,000	\$15,000	\$20,000	\$25,000
17-30	\$10.20	\$15.31	\$20.40	\$25.51
31-40	\$18.71	\$28.07	\$37.42	\$46.78
41-50	\$36.96	\$55.44	\$73.92	\$92.40
51-60	\$69.02	\$103.54	\$138.04	\$172.56
61-70	\$122.60	\$183.90	\$245.20	\$306.50

Non-Tobacco Monthly Premium per benefit amount for Spouse

Issue Age	\$5,000	\$10,000	\$15,000	\$25,000
17-30	\$3.80	\$7.60	\$11.40	\$19.00
31-40	\$5.35	\$10.69	\$16.04	\$26.73
41-50	\$9.99	\$19.96	\$29.95	\$49.91
51-60	\$16.56	\$33.11	\$49.67	\$82.78
61-70	\$28.28	\$56.55	\$84.83	\$141.38

Tobacco Monthly Premium per benefit amount for Spouse

Issue Age	\$5,000	\$10,000	\$15,000	\$25,000
17-30	\$5.11	\$10.20	\$15.31	\$25.51
31-40	\$9.36	\$18.71	\$28.07	\$46.78
41-50	\$18.48	\$36.96	\$55.44	\$92.40
51-60	\$34.52	\$69.02	\$103.54	\$172.56
61-70	\$61.30	\$122.60	\$183.90	\$306.50

\*\* This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency