



Protection that's critical.

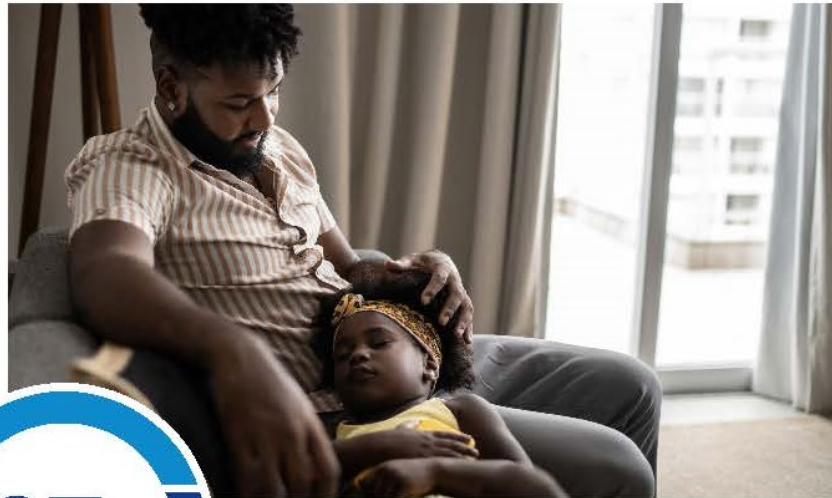
Critical illness insurance benefit summary

The right critical illness insurance policy can help

Our plan covers many conditions, and can help pay for costs not covered by a traditional health plan.

There are no health questions and all coverage in the standard plans is guaranteed issue.

Medical issues are tied to 67% of bankruptcies, with 59% being the direct result of medical bills.¹



Watch this quick video to learn more



Heart disease is the #1 cause of death in the United States.²



Every 40 seconds, someone has a stroke.³

:40



Benefit plan and features

Class definition: Class 1 – All Active Full Time Employees

	Employee	Spouse	Children
Benefit Amount	\$5,000 minimum to a maximum of \$30,000 in \$5,000 increments	\$2,500 minimum in \$2,500 increments to a maximum of \$15,000 Not to exceed 50% of the Employee Benefit	\$2,500 minimum in \$2,500 increments to a maximum of \$5,000 Not to exceed 50% of the Employee Benefit

Covered Conditions	Benefit Percentages	Recurrence Benefit Percentages
Heart Attack	100%	25%
Stroke	100%	25%

Covered Conditions	Benefit Percentages	Recurrence Benefit Percentages
Major Organ Failure	100%	25%
End-Stage Heart Failure	100%	25%
End-Stage Kidney Disease	100%	25%
Occupational Infectious Disease	100%	N/A
Coronary Artery Bypass	25%	25%
Invasive Cancer	100%	100%
Non-Invasive Cancer	25%	25%
Skin Cancer	5%	5%
Benign Brain Tumor	100%	25%
Advanced ALS/Lou Gehrig's Disease	100%	N/A
Advanced Alzheimer's Disease	25%	N/A
Advanced Parkinson's Disease	25%	N/A

Critical Illness features

Additional Occurrence	Pays a second, unrelated diagnosis. Requires 6 mo. between diagnoses.
Recurrence	Pays subsequent diagnoses of a previously paid condition. Requires 12 mo. between diagnoses.
Enrollment	Annual Open Enrollment
Portability	To age 70
Rate Basis	Attained Age Rating
Pre-Existing Condition Limitation	If a claim is filed within the first 12 months after the effective date, we will look back 3 months prior to the effective date to determine if the claim is due to a pre-existing condition.
Wellness Screening Benefit	\$50 annually when qualifying exams or screenings are completed.

Qualifying exams and screenings for wellness screening benefit

There are several exams and screenings that qualify for the annual benefit. Below is an illustration of some of the covered exams and screenings:

- Annual physical examination
- Any medically accepted Cancer screening
- Bone density screening
- Cardiac exercise stress test
- Dental examination
- Diabetes tests
- Electrocardiogram (ECG)-resting or stress
- Immunizations
- Interscholastic Sports Physical Exam
- Lipid panel (cholesterol, triglycerides, HDL, LDL)
- Mental health screening
- Smoking cessation program
- Vision examination
- Weight reduction program

Understanding your benefits

Commonly Used Terms

Benefit Amount	The dollar value of the insurance and the amount able to be claimed.
Benefit Percentage	The percent of the "Benefit Amount" that is payable for each covered condition.
Recurrence Benefit Percentage	The percent of the "Benefit Amount" that is payable upon the second and all subsequent claims for a condition for which a claim has previously been paid under this policy.
Cancer in Situ	A diagnosis referring to cancer that has not spread into surrounding tissue (aka non-invasive cancer). A localized cancer is generally more easily resolved.
Attained Age Rating	Premium is based on the current age you have attained. Any increases in premium due to entering a new age-band will be administered at the next annual enrollment.
Pre-Existing Condition Limitation	A period of time that would prevent a filed claim from being paid for a known health issue.

Frequently Asked Questions

When can I enroll?	You can enroll when you are initially eligible for benefits and any subsequent annual enrollment or life status change.
Are my dependent children eligible for coverage?	Yes, dependent children are eligible up to end of the month they reach age 26. If any dependent children are developmentally disabled, you are able to continue coverage beyond age 26.
Do benefits have to be used for medical expenses?	You decide how to use your benefit payment: <ul style="list-style-type: none">• Out-of-pocket medical costs, including deductibles and co-pays• Rehab costs• Rent or mortgage payments• Groceries• Utility or credit card bills• Childcare• Other financial support
What is critical illness insurance?	Group critical illness insurance is designed to pay a lump sum cash benefit when an insured is diagnosed with a covered condition (i.e. heart attack, stroke, cancer, etc.). The covered conditions are common and typically are survivable diagnosis.

Why should I buy critical illness insurance?

Two-thirds of personal bankruptcies are due to medical expenses, even for those with medical insurance. Equitable's critical illness insurance policy covers the most common conditions likely to arise over your lifetime and provides protection from the many expenses stemming from a significant medical condition.

What conditions are covered as a Critical Illness?

Only the conditions listed above are covered by this policy. Any condition that is not listed above is not a covered condition and therefore is not a payable claim.

What is a Wellness Benefit?

Insureds are eligible to receive an annual benefit amount when they undergo any eligible exam or screening from the covered list.

How do I learn more about my benefits

Go to www.equitable.com/employeebenefits and log on to EB360® to view your account details.

If I have additional questions, who can I talk too?

Please don't hesitate to contact us at phone number 1-866-274-9887.

Cost Summary

Monthly Non-Smoker Premium Illustration for Employee Benefit

Age	Coverage Amount					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Less than 40	\$1.65	\$3.30	\$4.95	\$6.60	\$8.25	\$9.90
40-49	\$5.50	\$11.00	\$16.50	\$22.00	\$27.50	\$33.00
50-59	\$11.80	\$23.60	\$35.40	\$47.20	\$59.00	\$70.80
60 and over	\$22.10	\$44.20	\$66.30	\$88.40	\$110.50	\$132.60

Monthly Smoker Premium Illustration for Employee Benefit

Age	Coverage Amount					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Less than 40	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00
40-49	\$8.40	\$16.80	\$25.20	\$33.60	\$42.00	\$50.40
50-59	\$21.45	\$42.90	\$64.35	\$85.80	\$107.25	\$128.70
60 and over	\$45.10	\$90.20	\$135.30	\$180.40	\$225.50	\$270.60

Monthly Non-Smoker Premium Illustration for Spouse Benefit

Age	Coverage Amount					
	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
Less than 40	\$0.83	\$1.65	\$2.48	\$3.30	\$4.13	\$4.95
40-49	\$2.75	\$5.50	\$8.25	\$11.00	\$13.75	\$16.50
50-59	\$5.90	\$11.80	\$17.70	\$23.60	\$29.50	\$35.40
60 and over	\$11.05	\$22.10	\$33.15	\$44.20	\$55.25	\$66.30

Monthly Smoker Premium Illustration for Spouse Benefit

Age	Coverage Amount					
	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
Less than 40	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00
40-49	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00	\$25.20
50-59	\$10.73	\$21.45	\$32.18	\$42.90	\$53.63	\$64.35
60 and over	\$22.55	\$45.10	\$67.65	\$90.20	\$112.75	\$135.30

Monthly Premium Illustration for Child(ren)

Child(ren)	Coverage Amount	
	\$2,500	\$5,000
Child(ren)	\$0.53	\$1.05



**Contact us at
(866) 274-9887
with any questions
you may have.**

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

Email: Customer Service at EBCustomerService@equitable.com.



Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

**Visit equitable.com/employeebenefits
and log on to EB360® to view your account details.**

¹ nasdaq.com/articles/medical-bankruptcy-is-killing-the-american-middleclass-2019-02-14.

² cdc.gov/heartdisease.

³ cdc.gov/stroke/facts.htm.

Important Information

Limitations and exclusions: The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. We may not pay a benefit for any Critical Illness that is due to or results from: services or treatment for which an Insured is not charged, unless facility is a United States government facility; treatment or complications of treatment not related to a Critical Illness; an autologous bone marrow transplant; intentionally self-inflicted injuries or committing or attempting to commit suicide; elective plastic or cosmetic surgery; active military duty, or war or any act of war (excluding terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act or incarceration; your engagement in dangerous conduct or hazardous activity where there is a likelihood of death or serious Injury; being legally intoxicated or under the influence of any narcotic unless taken on the advice of a physician and taken as prescribed; or illegal use of inhalants or huffing.

This policy provides limited benefits: In some states, critical illness insurance is referred to as specified disease insurance. Critical Illness insurance is a limited benefit policy. It does NOT provide basic hospital, basic medical or major medical insurance, and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act. THIS POLICY IS NOT A MEDICARE SUPPLEMENT PLAN. The certificate has exclusions and limitations for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. For costs and complete details of the coverage, please see the actual policy or contact your insurance broker.

Policy form AXEBP19 CI; MOEBP19 CI and state variations. Availability is subject to state approvals.

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. The expected benefit ratio for this policy is 70 percent. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

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Wellness benefit

Critical illness (specified disease)

An annual wellness benefit with your critical illness insurance coverage.



It provides an annual benefit payment if you complete a health screening test after your coverage effective date. The benefit is available regardless of whether there is any out-of-pocket cost to you.

The wellness benefit is available for each covered individual and each line of coverage when included in your policy.

How it works

When an insured undergoes one of the exams or screenings listed, they simply need to let us know by filling out a short claim form.



We make it as easy as possible for you to maximize your wellness benefit.



Items listed below are examples of covered exams and qualifying screenings that may be eligible for wellness screening benefits:

- Annual physical examination
- Abdominal and aortic aneurysm ultrasonography
- Any medically accepted cancer screening
- Breast cancer screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- Biopsies for cancer
- Bone density screening
- BRCA (cancer genetic mutation test)
- CA 125 (blood test for ovarian cancer)
- CA 15-3 (blood test for breast cancer)
- Cardiac exercise stress test
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colorectal cancer screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- CT angiography
- Dental examination
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Double contrast barium enema
- Echocardiogram
- Electrocardiogram (ECG)-resting or stress
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Immunizations
- Interscholastic sports physical exam
- Lipid panel (cholesterol, triglycerides, HDL, LDL)
- Lymphocyte genome sensitivity test (LGS) (universal blood test for cancer)
- Pap smear
- Prostate cancer screening (digital rectal exam, PSA blood test)
- Skin cancer screening
- Serum protein electrophoresis
- Smoking cessation program
- Testicular ultrasound
- Vision examination
- Weight reduction program

Filing a claim is this easy

1



Get started with our online, guided process by registering and accessing your **claims center**.

2



Answer a few questions and tell us what happened.

3



Submit your claim.

If you have questions after submitting your claim, you can check your claim status anytime in EB360®, or contact Equitable Claims at (866) 274-9887 for support.

Simple online claims process

Need help? Call Equitable Claims at (866) 274-9887.

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