

Critical Illness Insurance

Class Description(s): All Active Full-time Employees

Plan Description: CI

Eligibility Requirement: Eligible person working 20 hours per week

Coverage Amounts	Description
EMPLOYEE COVERAGE AMOUNT(S)	\$10,000 or \$20,000
SPOUSE COVERAGE AMOUNT	50% of Employee's Coverage Amount
CHILD(REN) COVERAGE AMOUNT	\$5,000
GUARANTEED ISSUE AMOUNT(S) ¹	Employee: \$20,000 Spouse and/or Child(ren): All amounts
REDUCTION DUE TO AGE	50% Reduction for each covered person when the employee reaches age 70
Critical Illness Benefits	
The Hartford's Critical Illness plan will pay a lump sum benefit for a covered person diagnosed with any of the following covered illnesses while insurance is in effect, subject to any Pre-existing Condition Limitation. State specific variations may apply to the benefits shown below.	
COVERED ILLNESS	BENEFIT
Cancer	
Invasive Cancer	100% of coverage amount
Non-Invasive Cancer	25% of coverage amount
Benign Brain Tumor	100% of coverage amount
Vascular	
Heart Attack	100% of coverage amount
Heart Transplant	100% of coverage amount
Coronary Artery Bypass Graft	25% of coverage amount
Angioplasty/Stent	25% of coverage amount
Stroke	100% of coverage amount
Aneurysm	25% of coverage amount
Other Specified	
Major Organ Transplant	100% of coverage amount
End Stage Renal Failure	100% of coverage amount
Coma	100% of coverage amount
Paralysis	100% of coverage amount
Loss of Vision	100% of coverage amount
Loss of Hearing	100% of coverage amount
Loss of Speech	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
Additional Plan Features & Services	
BENEFIT SEPARATION PERIOD	<ul style="list-style-type: none"> • Different (Non-related) Illness: None • Related Illness: 30 days
COVERAGE MAXIMUM (% of coverage amount)	Employee/Spouse: 500%; Child(ren): 300%
RECURRENCE BENEFIT (% of coverage amount)	100%; 12 months separation period
HEALTH SCREENING BENEFIT	\$75 once per year for each covered person
PRE-EXISTING CONDITION LIMITATION	12 Months Lookback/ 12 Months Continuously Insured

POLICY AGE LIMIT	Coverage terminates when the employee reaches age 80
PORTABILITY	Included
CONTINUATION OF COVERAGE	Included
CONTINUITY OF COVERAGE	Included
ABILITY ASSIST ^{®2}	Included
HEALTH CHAMPION ^{SM 2}	Included
ENROLLMENT TYPE	Annual Open ³
EMPLOYEE CONTRIBUTION	100% employee paid (Voluntary)
INITIAL RATE GUARANTEE PERIOD	Two Years
NUMBER OF ELIGIBLE EMPLOYEES	207
MINIMUM PARTICIPATION REQUIREMENT	10 enrolled employees

¹ Guaranteed issue coverage is only available if the minimum participation requirement is met. If participation does not meet the required level, the Guaranteed Issue Amount(s) may be reduced or rescinded. Guaranteed Issue benefits payable are subject to the plan's pre-existing conditions limitation(s).

² HealthChampionSM and Ability Assist[®] are offered through The Hartford by ComPsych[®]. 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.

³ Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter. Guarantee Issue and pre-existing condition limitations apply. Annual Open Enrollment necessitates that pre-defined enrollment experience practices are agreed to be implemented by the employer.

Critical Illness Rates

Attained Age Uni-Tobacco Monthly Premium Rates for \$10,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-24	\$4.25	\$7.14	\$7.59	\$11.04
25-29	\$4.99	\$8.28	\$8.14	\$11.95
30-34	\$5.49	\$9.06	\$8.30	\$12.34
35-39	\$6.77	\$10.98	\$9.39	\$14.03
40-44	\$9.25	\$14.82	\$11.70	\$17.68
45-49	\$13.83	\$21.96	\$16.24	\$24.77
50-54	\$18.82	\$29.71	\$21.19	\$32.47
55-59	\$25.26	\$39.74	\$27.62	\$42.48
60-64	\$35.01	\$54.84	\$37.34	\$57.56
65-69	\$47.66	\$74.12	\$49.99	\$76.84
70-74	\$32.50	\$50.84	\$34.40	\$53.06
75-79	\$42.04	\$65.33	\$43.94	\$67.54

Attained Age Uni-Tobacco Monthly Premium Rates for \$20,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-24	\$6.87	\$11.09	\$10.22	\$14.99
25-29	\$8.23	\$13.13	\$11.38	\$16.80
30-34	\$9.17	\$14.56	\$11.98	\$17.84
35-39	\$11.69	\$18.35	\$14.32	\$21.41
40-44	\$16.54	\$25.79	\$18.99	\$28.64
45-49	\$25.60	\$39.82	\$28.01	\$42.63
50-54	\$35.57	\$55.29	\$37.93	\$58.04
55-59	\$48.44	\$75.30	\$50.79	\$78.05
60-64	\$67.93	\$105.51	\$70.26	\$108.23
65-69	\$93.22	\$144.06	\$95.55	\$146.78
70-74	\$62.91	\$97.51	\$64.81	\$99.72
75-79	\$81.98	\$126.47	\$83.88	\$128.69

Rates are based on the attained age of the Employee and increase as he/she enters each new age category
Rates/benefits may be changed on a class basis.

Qualifications and Assumptions

The following are the qualifications upon which this proposal is based.

Our quote is contingent upon receipt of complete census data including voluntary coverage elections. All missing information must be received prior to the quote "valid until date" listed on the cover of this proposal. The quote will not be binding until all missing information is received, reviewed, and approved in writing by The Hartford.

The following are assumptions upon which this proposal is based:

1. The effective date of this case will be 4/1/2018.
2. Proposal and rates are valid until 04/01/2018.
3. Rates assume a SIC code of 8011.
4. Quote assumes a situs state of North Carolina. Hartford standard filed contract language applies unless approved in advance by Underwriting. State filings or specially drafted contract language is not assumed in the quoted rates.
5. Assumes a fully insured, non-participating, non-dividend eligible funding arrangement, unless otherwise specified.
6. Assumes employees must be actively-at-work on the effective date and the deferred effective date provision applies.
7. The Hartford reserves the right to re-price:
 - If the sold plan design differs from the proposed/quoted plan design.
 - For change in State or Federal Insurance regulations that impacts the plan design.
 - If a material misstatement of the information provided in the RFP, bid specifications, claim experience, or plan of benefits is discovered post-sale.
 - If the quoted minimum enrollment threshold is not met.
8. The Hartford reserves the right to change the plan to comply with state mandated benefits, including charging additional premium for such changes, if applicable.
9. If any contributory lines of coverage are sold, a 45-day Grace Period will apply to all lines of coverage.
10. We assume the company has been in business for at least 2 years. If otherwise, additional underwriting approval will be required prior to sale.
11. Assumes claims incurred prior to the effective date of the contract will be the liability of the prior carrier.
12. Assumes the plan of benefits is subject to ERISA regulations.
13. Quote assumes 1 Contract/Booklet, 1 Bill Unit, and 1 Experience Unit.
14. Coverage for Retirees is not included.
15. We assume all eligible employees are U.S. citizens or U.S. residents, working in U.S. locations who have met the full time eligibility requirements. If coverage is needed for any other type of employees such as Expatriates, U.S. Expatriates, Third Country Nationals, or Local Nationals, please review the request with The Hartford.
16. If Employee Choice Life, Voluntary Critical Illness, Disability FLEXSM or Voluntary Accident Product(s) are quoted, The Hartford will not accept the coverage(s) if at least 10 employees do not enroll in each line of coverage. If at least 10% participation is not achieved, The Hartford reserves the right to adjust the Rate Guarantee to one (1) year or to re-evaluate the risk.

This proposal is only a summary of the benefits offered to your company. The rates and costs shown in this proposal are based on the information provided. Rates may be affected by the actual enrollment and (transferred business information) provided. This proposal does not constitute a final offer or agreement. It is the producer's responsibility to present all terms and conditions in this proposal.

Deviations

Our proposal reflects our standard product and, consequently, may deviate from the features and/or plan designs that you requested. Accordingly, please review our proposal carefully. Unless otherwise listed below, we have not identified specific areas where our proposal deviates from your request. Please note that this proposal does not constitute a final offer or agreement, and it is only a summary of the benefits offered to your company.

The rates and costs shown in this proposal are based on the information provided. Rates may be affected by the actual enrollment (and transferred business information) provided. Please consult with the producer regarding all terms and conditions in this proposal.