

# MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

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## GROUP CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

**Read Your Certificate Carefully** - This Outline of Coverage provides a very brief description of the important features of Your Certificate of Insurance (Certificate). This is not the insurance contract and only the actual certificate provisions shall control. The Certificate sets forth in detail the rights and obligations of both You and Us. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**Specified Disease Insurance** - The Certificate is designed to provide, to certificate holders, restricted insurance paying benefits **ONLY** when certain losses occur as a result of treatment (or diagnosis) of the specified disease, condition, or syndrome. The certificate does **NOT** provide general health insurance.

The Certificate is NOT A MEDICARE SUPPLEMENT Certificate. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

### BENEFITS

#### Critical Illness Benefit Amount Multiplier (2x)

Only the following Covered Conditions are subject to multiple Benefit payments:

- Cancer
- Heart
- Organ
- Loss of Movement or Consciousness

**Benefit Separation Period** (for reoccurrence of the same Covered Condition): 30 days

**Each Covered Condition is payable only once.** Multiple Benefit payments will be paid from any remaining balance under the Critical Illness Benefit Amount. The sum of all Benefit payments for Covered Conditions will not exceed the Critical Illness Benefit Amount.

In addition to the Critical Illness Benefit Amount, a second Benefit equal to two times (2x) the Critical Illness Benefit Amount is payable for a reoccurrence of a specified Covered Condition, subject to the applicable Benefit Separate Period (as shown in this “Schedule Page”), and any non-reoccurring Covered Conditions. The sum of all Benefit payments for Covered Conditions shall not exceed two times the Critical Illness Benefit Amount. If the remaining balance of the second Critical Illness Benefit Amount is less than the amount payable for a Covered Condition as shown in this “Schedule Page”, then a partial benefit payment will be made for that Covered Condition.

#### Critical Illness Benefit Amount after the Age Reduction

Insured: Benefits reduce to 50% of the Benefit Amount at age 70

Spouse: Benefits reduce to 50% of the Benefit Amount at age 70

Covered Conditions and Amounts - (accumulates towards the Critical Illness Benefit Amount)

Cancer

Invasive Cancer 100%

Benign Brain Tumor 100%

Bone Marrow Transplant 25%

Heart  
Heart Attack 100%  
Stroke 100%  
Aneurysm 25%

Organ  
End Stage Renal Disease 100%  
Major Organ Transplant 100%

Loss of Movement or Consciousness  
Coma 100%  
Paralysis 100%

Health Screenings (Wellness) \$50 per day (in one day increments)  
Limit 1 health screening per 12-month period. There is no waiting period for health screenings.

**PRE-EXISTING CONDITION PERIOD:** 12 months prior to effective date / 12 months after effective date

**EXCLUSIONS** including but not limited to:

1. war or act of war.
2. commission of a felony or being engaged in an illegal occupation for which an Insured Person has been convicted.
3. an intentional self-inflicted injury or attempted suicide.
4. being confined in a penal or correctional facility, for any reason.
5. being intoxicated during the commission of a crime where the Insured Person has been found guilty in a court of law;
6. under the influence of any narcotic, unless administered on the advice of a Physician.
7. a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition, unless the Insured Person has not received treatment for the Pre-existing Condition, for the time period shown in the "Schedule Page", after his or her effective date of insurance or an elected increase in insurance.
8. any treatment, service or supply received by the Group Policyholder or a person who does not meet the definition of "Physician".

#### **LIMITATION AND AGE RESTRICTION**

**Benefit Waiting Period:** 30 days from the Insured Person's effective date  
Insured insurance to age 80, Spouse insurance to age 80, if applicable, and Child insurance to age 26, if applicable.

#### **PREMIUM CONTRIBUTION**

The estimated monthly premium is:

Insured/Dependents: 100%  
Group Policyholder: 0%

Premiums are due and payable on each premium due date, subject to the Group Policy's grace period provision. No trend assumptions are used.

#### **WHEN INSURANCE ENDS**

Including, but not limited to:

- the date Your required premium payment is not paid.
- the date You cease to be an Eligible Person or the premium due date on or next following the date You cease to be an Eligible Person.
- the date the Group Policy terminates.