



## Employees of Farmington Area Public Schools

### Benefits At-A-Glance

#### Coverage for you

#### Critical Illness Insurance

#### The Lincoln Critical Illness Insurance Plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for employees
- Includes access to a personal health advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

##### Critical Illness Insurance | Employee

Guaranteed coverage amounts	\$10,000, \$15,000 or \$20,000
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##### Guaranteed coverage amounts

- You can choose from the coverage amount(s) above.

#### Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

##### Critical Illness Insurance | Spouse

Guaranteed coverage amount	\$5,000 or \$7,5000, \$10,000 (up to 50% of the employee coverage amount)
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##### Guaranteed coverage amounts

- You can choose from the coverage amount(s) above

#### Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

##### Critical Illness Insurance | Children

Guaranteed coverage amount	\$2,500, \$5,000, \$10,000 (up to 50% of the employee coverage amount)
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##### Guaranteed coverage amounts

- You can choose from the coverage amounts above for your dependent children

**No money is due at enrollment.** Your premium simply comes out of your paycheck.

## Core Benefits

Covered Conditions	Benefit Percentage
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal (kidney) Failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	30%
Supplemental Conditions	
Advanced COPD	100%
AIDS	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	100%

Accidental Injuries Benefit	Benefit Percentage
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%

Occupational Disease (employee only)	Benefit Percentage
Invasive MRSA Infection	25%
Tuberculosis	25%
Rabies	25%

Additional Childhood Conditions	Benefit Percentage
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 Diabetes	100%

Recovery Assistance		Your Cash Benefit	
Family Care Benefit		\$25 per day for up to 30 days	
Lodging (when 100+ miles from home)		\$100 per day for up to 15 days	
Transportation (when 100+ miles from home)		\$200 per trip for up to 2 trips	
Additional Plan Benefit(s)			
Portability		Included	

**Note:** See the policy for details and specific requirements for each of these benefits.

## Benefit Exclusions

The plan includes only covered conditions or losses that occur when the insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony; participation in a felony; committing a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; active participation in a riot, insurrection or rebellion; voluntary participation in a riot, insurrection or rebellion; participation in a riot or insurrection; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months. A Covered Condition sustained while residing outside the United States, its possessions, Canada, or Mexico for more than 12 months, unless the Covered Condition is rediagnosed/confirmed in the United States.

*Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.*

**Questions?** Call 800-423-2765 and mention ID: 1054350.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern. Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Insurance products (policy series GL501) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products (policy series GL501) are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.



# Critical Illness Insurance Premium

Here’s how little you pay with group rates.

## Employee | Monthly Premiums

Employee Age Range (Attained Age)	Critical Illness Premium Rate per \$1,000
0-24	.204
25-29	.298
30-34	.404
35-39	.572
40-44	.890
45-49	1.430
50-54	2.083
55-59	2.882
60-64	4.188
65-69	6.018
70+	6.0870

The estimated monthly premium for critical illness insurance is determined by multiplying the desired amount of coverage (in increments of \$1,000) by the employee age-range premium rate.

Coverage amount

X

premium rate

=

monthly premium

The Lincoln National Life Insurance Company  
Please see prior page for product information.

## Group Rates for Your Spouse

### Spouse Monthly Premiums

Spouse Age Range (Attained Age)	Critical Illness Premium Rate per \$1,000
0-24	.204
25-29	.298
30-34	.404
35-39	.572
40-44	.890
45-49	1.430
50-54	2.083
55-59	2.882
60-64	4.188
65-69	6.018
70+	6.0870

The estimated monthly premium for critical illness insurance is determined by multiplying the desired amount of coverage (in increments of \$1,000) by the employee age-range premium rate.

Coverage amount

X

premium rate

=

monthly premium

## Group Rates for Your Dependent Children

### Dependent Children | Monthly Premiums

Age Range	\$10,000
0-99	\$0.329

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Please see prior page for product information.