



Trustmark Critical HealthEvents® – Group

Critical HealthEvents focuses on usability. Too often, insurance is something that policyholders turn to only when the worst has happened. Critical HealthEvents provides benefits not only when someone is critically ill, but during the stages leading up to those illnesses as well.

Innovative Base Protection

- Covers the most-experienced conditions – cancer, heart attack and stroke – with unique benefit offerings
- Includes coverage for major organ & kidney failure
- Benefits payable for both early identification/early diagnosis and later-stage diagnosis
- Available benefit payout replenishes annually
- No reoccurrence limitations or separation periods

Options to Enhance Protection

- **Wellness rider** – Offers more preventative coverage with multiple payouts for screenings and preventive services
- **Waiver of Premium rider(s)** – Automatically waives premium when disabled or diagnosed with a covered critical illness

Plan Features

- Guaranteed issue
- Annual benefit – Benefits are drawn from an annual benefit that restores each year, eliminating the need for separation periods and lifetime maximums
- Benefits can be paid at 10%, 50% or 100% of the benefit depending on the severity of the condition, allowing payments for early stage diagnosis and minor events that aren't typically covered
- Premiums are based on a policyholder's attained age
- Rate guarantee period: 2 years
- Portability -- Employee can continue their same benefit and premium level for their age on a direct-bill basis if they leave their employer, and coverage remains in force.

Critical Illness and Cancer Benefits

Payment for a covered illness is 100%, 50% or 10% of the selected benefit amount, depending on the diagnosis received. Total benefits payable are subject to the annual benefit amount remaining for the calendar year in which the diagnosis occurs, and payouts reduce the amount available for other

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covered conditions for the year.

100% benefit

Cancer

- Stage 3 or higher
- Stage 2 involving lymph nodes
- Melanoma stage 2 or higher
- Stage 1 or higher: pancreas, liver, lung, esophagus, leukemia, biliary tract, head and neck, lymphoma, multiple myeloma

Coronary artery disease

- Heart attack
- Sudden Cardiac Arrest

Cerebral vascular disease

- Stroke with at least 30 days impairment

End Stage Renal Failure and Major Organ Failure

- When dialysis or kidney transplant is need
- Failure of the liver, lung, pancreas or heart

50% benefit

Cancer

- Stage 1 melanoma
- Stage 1 or 2 cancers, no lymph node involvement

Coronary artery disease

- Coronary artery obstruction
- Heart attack when clinically diagnosed
- Thoracic Aorta or Valve Surgery

Cerebral vascular disease

- Stroke with less than 30 days impairment
- Stroke when clinically diagnosed

10% benefit

Cancer

- Invasive basal/squamous cell skin cancer
- In situ cancer
- Benign brain, spinal cord and cranial nerve tumors
- Myelodysplastic syndrome

Coronary artery disease

- Initial diagnosis after assessment and recommended treatment
- Pulmonary Embolism

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- Pulmonary Fibrosis

Cerebral vascular disease “mini-stroke”

- Transient Ischemic Attack (TIA)
- Reversible Ischemic Neurologic Deficit (RIND)

Eligibility – U.S. Residents

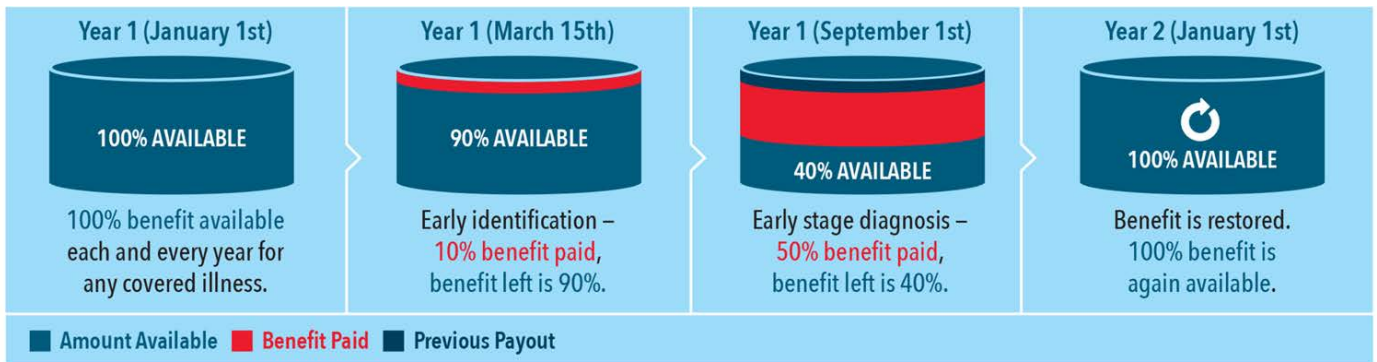
- Employees – Ages 18+, actively working full-time (30+ hours per week) and employed at least 0 days or part-time (20 to 29 hours per week) and employed at least 0 days
- Spouses – Ages 18+, not disabled
- Children – Through the age of 25, who are biological, adopted or step children (living with the employee over 50% of the time) and dependent grandchildren, who is chiefly dependent on employee for federal income tax purposes.

Employee must apply for coverage in order to cover dependents.

Annual Maximum Benefit

Benefit Well Refills Annually

The employee selects an annual benefit amount, which is then available each and every calendar year when there is a new diagnosis of a covered illness.



- Date of diagnosis determines availability of funds. Note: When cancer is diagnosed – a new diagnosis of cancer in a new location or new stage is considered a NEW EVENT if the secondary cancer is not a natural, direct consequence of the previous cancer, or if the individual has completed all recommended treatment and has no evidence of active disease.
- No separation periods between illness.
- No limit on number of times an illness will be paid.
- No maximum number of illnesses per year.
- No difference in payment for second diagnosis.
- If a reconfirmation diagnosis determines the event qualifies for a higher benefit level, the first diagnosis date applies to that event. The benefit amount due will be reduced by any previously paid benefit for that event and cannot exceed the maximum benefit for that event.

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Additional Benefits

Specified Illness Benefit: Built-In

The Specified Illness Rider expands list of covered illnesses

- Tiered benefits for additional illnesses. Each illness is eligible for a benefit once per covered person per lifetime, no separation period required between illnesses.
- Depending on diagnosis, benefit payment may be 100%, 50% or 10% of the selected benefit amount, subject to the annual maximum available for the calendar year in which the diagnosis occurs.

100% benefit

- Permanent blindness
- Complications of diabetes – lower limb amputation
- Irreversible loss of hearing
- Occupational HIV
- Paralysis
- Lou Gehrig's Disease (ALS)

50% benefit

- Central nervous condition
 - Lupus
 - Sarcoid
 - Central nervous infection of the brain
- Neurologic Diseases, such as Huntington's Disease, Multiple Sclerosis, Parkinson's Disease

10% benefit

- Complications of diabetes – hospitalization for hyperglycemia, dehydration
- Stem cell/bone marrow transplant
- Acute Respiratory Distress Syndrome
- Coma
- Epilepsy
- Rheumatoid Arthritis
- Type 1 Diabetes

Wellness Benefit: Built-In

This benefit promotes good health and wellness by offsetting the cost of annual screenings which include routine screenings, vision tests and immunizations. Each covered person can claim once per year in each of the following categories.

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Wellness Benefit – Routine Visit

Eligible tests include:

- Routine physical
- Sports physical
- Biometric screening
- Immunization
- Vision test
- Blood test for triglycerides
- Fasting blood glucose test
- Lipid panel
- Low-dose mammography or routine mammogram
- Pap smear (for women over age 18)
- Chest x-ray
- Colonoscopy
- CT colonoscopy
- Electrocardiogram (EKG/ECG)
- Human papillomavirus (HPV) vaccination
- Serum cholesterol test for HDL and LDL

Waiver of Premium for Critical Illness: Built-In

Waives premium payments for all covered persons for 6 months when one is diagnosed with a covered Critical Illness paid at the 100% or 50% benefit level, once per calendar year.

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Rates

Contract Type: Annual Max

Additional Features
Specified Illness Benefit
Waiver of Premium for Critical Illness
Wellness Benefit - Routine Visit - \$50

Non-Tobacco Rates				
Trustmark Critical Health Events w/ Cancer Insurance Plan				
Insurance Amount - \$30,000				
Monthly Premium				
	Employee	Employee and Spouse	Employee and Child(ren)	Family
<35	13.42	21.35	20.16	30.06
35-39	19.72	30.65	26.46	39.06
40-44	28.42	44.15	35.46	52.56
45-49	42.22	65.15	49.26	73.56
50-54	63.22	97.55	69.96	106.26
55-59	88.42	136.85	95.16	145.26
Tobacco Rates				
Trustmark Critical Health Events w/ Cancer Insurance Plan				
Insurance Amount - \$30,000				
Monthly Premium				
	Employee	Employee and Spouse	Employee and Child(ren)	Family
<35	14.92	24.05	21.96	32.46
35-39	24.82	38.75	31.56	47.46
40-44	40.12	62.15	47.16	70.86
45-49	67.12	104.15	74.16	112.56
50-54	111.52	172.55	118.26	180.96
55-59	167.02	259.25	173.76	267.66

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