

## GROUP CRITICAL ILLNESS INSURANCE CERTIFICATE SUMMARY (OUTLINE OF COVERAGE)



**Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of this insurance. This outline of coverage is not the insurance contract and only the actual policy provisions will control. The policy and certificate set forth in detail the rights and obligations of you, the policyholder and the insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Specified disease insurance (also known as critical illness insurance) is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses. This insurance does not satisfy the individual mandate of the ACA because the coverage does not meet the requirements of minimum essential coverage.

**THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare*, available from Mutual of Omaha or online at [www.medicare.gov](http://www.medicare.gov).

**NOTICE:** Read this outline of coverage carefully. It may not be identical to the outline of coverage provided at the time you enrolled/applied for insurance, and the insurance you originally enrolled/applied for may not have been issued.

This outline of coverage describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this outline of coverage. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This outline of coverage was published on February 11, 2020.

### POLICY INFORMATION

Policyholder: Cullman County Commission, Alabama

Policy Effective Date: January 1, 2020

Policy Number: GUDD-AMG8

Class(es): All Eligible Employees

Policy Anniversary: January 1

Group Number: G000AMG8

### ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 3 months.

For California residents, an Employee and any Dependent(s) must have major medical insurance, or basic hospital insurance and basic medical insurance, to be eligible for insurance under the Policy.

The day on which an Employee or Dependent becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. Additional eligibility conditions apply as described in the Certificate.

### BENEFIT AMOUNT(S)

#### Insurance for You (The Employee)

Your amount of critical illness (CI) insurance is \$5,000.

Your amount of CI insurance is also referred to as Your CI Principal Sum. If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

**Insurance for Your Dependent(s)**

You may elect to have Your Spouse insured for an amount of critical illness (CI) insurance equal to \$5,000, provided the amount elected does not exceed 100% of Your CI Principal Sum.

The amount of CI insurance for Your eligible Dependent child (ren) is 25% of Your CI Principal Sum.

Any amount of CI insurance for Your Dependent(s) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

The Guarantee Issue Amount for Your Spouse is \$5,000. The Guarantee Issue Amount for Your Dependent child(ren) is \$2,000. Any amount of CI insurance for a Dependent is the Dependent’s CI Principal Sum. If You have questions regarding the amount of insurance for Your Dependent(s), You may contact the Policyholder.

**Benefit Reduction(s)**

As You grow older, the Principal Sum for CI for You or Your Spouse will be reduced according to the following schedule:

<b>At the Attained Age of:</b>	<b>The Original Amount of Insurance Will Reduce to:</b>
70.....	.....50%

**CRITICAL ILLNESS BENEFITS**

**Basic Benefits**

In the event an Insured Person is Diagnosed with a Critical Illness while insured under the Policy, We will pay a critical illness (CI) benefit. For some Critical Illnesses, an Insured Person will receive 100% of the CI Principal Sum, and for others, an Insured Person will receive a Partial Benefit (a lesser percentage of the CI Principal Sum). Benefit payment is subject to the definitions, limitations, exclusions and other provisions of the Policy.

**Critical Illness Benefits Table (the “CI Table”)**

Benefit Category/Critical Illness	Benefit
<b>Heart/Circulatory/Motor Function Category</b>	
Heart Attack (Myocardial Infarction)	100% of the CI Principal Sum
Heart Transplant/Placement on UNOS List	100% of the CI Principal Sum
Heart Valve Surgery	25% of the CI Principal Sum
Coronary Artery Bypass	25% of the CI Principal Sum
Aortic Surgery	25% of the CI Principal Sum
Stroke	100% of the CI Principal Sum
ALS (Lou Gehrig’s) Disease*	100% of the CI Principal Sum
Advanced Alzheimer’s Disease*	100% of the CI Principal Sum
Advanced Parkinson’s Disease*	100% of the CI Principal Sum
<b>Organ Category</b>	
Major Organ Transplant/Placement on UNOS List	100% of the CI Principal Sum
End Stage Renal Failure	100% of the CI Principal Sum
Acute Respiratory Distress Syndrome (ARDS)	25% of the CI Principal Sum
<b>Childhood/Developmental Category (These benefits are available to children only.)</b>	
Cerebral Palsy*	100% of the CI Principal Sum
Structural Congenital Defects*	100% of the CI Principal Sum
Genetic Disorders*	100% of the CI Principal Sum
Congenital Metabolic Disorders*	100% of the CI Principal Sum
Type 1 Diabetes*	100% of the CI Principal Sum
<b>Cancer Category</b>	
Cancer (Invasive)	100% of the CI Principal Sum
Bone Marrow Transplant	50% of the CI Principal Sum
Carcinoma in Situ (Non-Invasive Cancer)	25% of the CI Principal Sum
Benign Brain Tumor	25% of the CI Principal Sum

To demonstrate how payment for a Partial Benefit works, assume that a person is insured under the Policy for a CI Principal Sum of \$5,000. This person is Diagnosed with ductal breast cancer that has not spread outside of the breast. Under the Policy, this would be considered Carcinoma in Situ (Non-Invasive Cancer), which offers a benefit of 25% of the CI Principal Sum. Since the CI Principal Sum is \$5,000, the benefit payable under the Policy is \$1,250.

### **Additional Category Occurrence Benefit**

Once benefits have been paid for a Critical Illness for an Insured Person, no additional benefits are payable under the Policy for that same Critical Illness for the Insured Person, but with the additional category occurrence benefit, benefits are still payable for any other Critical Illness for the Insured Person in that same Benefit Category. This benefit allows an Insured Person to receive up to 200% of the CI Principal Sum in a Benefit Category, subject to certain conditions.

### **Reoccurrence Benefit**

Once benefits have been paid for a Critical Illness for an Insured Person, a reoccurrence benefit is payable one time for a subsequent Diagnosis of that same Critical Illness. Benefits for some Critical Illnesses are only payable once per Insured Person under the Policy, as indicated in the CI Table. The amount of the reoccurrence benefit is the benefit shown in the table above for the reoccurring Critical Illness, subject to certain conditions.

### **Health Screening Benefit**

A health screening benefit of \$50 is payable once per calendar year for each Insured Person who has a Health Screening Test performed while insurance under the Policy is in force, subject to certain conditions.

### **Policy Benefit Maximum**

For each Insured Person, the total amount of benefits payable under the Policy is subject to a Policy benefit maximum of 300% of the CI Principal Sum in effect for the Insured Person.

## **CRITICAL ILLNESS LIMITATIONS AND EXCLUSIONS**

### **Pre-Existing Condition Limitation**

We will not provide benefits for any Critical Illness caused by, attributable to or resulting from a Pre-existing Condition until 12 months after an Insured Person is continuously insured under the Policy and any Prior Plan (if applicable). A Pre-existing Condition means any Critical Illness for which an Insured Person received Treatment in the 12 months prior to the date the Insured Person became insured under the Policy or any Prior Plan. This Pre-existing Condition limitation is fully described in the Certificate.

### **Exclusions**

We will not pay benefits for any Critical Illness that:

- Results, whether the Insured Person is sane or insane, from an intentionally self-inflicted Injury or Illness, or suicide, or attempted suicide
- Results from an act of declared or undeclared war or armed aggression
- Is incurred while the Insured Person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable
- Results from illegal activities, including participation in an illegal occupation
- Is the result of the voluntary use of illegal drugs by an Insured Person; the intentional misuse of over the counter medication or prescription drugs by an Insured Person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an Insured Person
- Is Diagnosed outside of the United States

## **FEATURE(S)**

### **Continuation of Insurance for Layoff or Leave**

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working, subject to certain conditions.

### **Portability**

In the event Your insurance under the Policy ends, You have the right to continue insurance for You and Your Dependent(s), subject to certain conditions.

## **WHEN INSURANCE ENDS**

Insurance for an Insured Person will end on the last day of the month in which an Insured Person no longer satisfies the applicable eligibility conditions of the Policy. Additional circumstances under which insurance will end are described in the Certificate.

## **PREMIUMS**

The premiums for Your insurance (including insurance for any Dependent child(ren)) under the Policy are paid (in full) by the Policyholder. You are responsible for the payment of Your share of the premiums for Your Spouse's insurance under the Policy, if elected.

Payment of premium does not guarantee eligibility for insurance. Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Contact the Policyholder or Your benefits administrator for additional information about the current premium rate structure for the Policy.

**Premium Changes**

Premium amounts for insurance under the Policy will change if:

- You reach the age of the next higher age band in the premium rate structure for the Policy
- You reach an Attained Age at which benefits are reduced as described in the Benefit Reductions provision in the Schedule
- Premium rates under the Policy are changed

If there is a change in the amount of insurance for any Insured Person, the Policyholder will provide You with notice of Your new premium amount upon request if You are responsible for the payment of premiums for insurance.

**HOW TO OBTAIN A COPY OF THE CERTIFICATE**

To obtain a copy of the Certificate, first contact the Policyholder or Your benefits administrator. If You do not receive what You need, You may then contact Us at 1-800-948-9478 (toll-free).