

Benefits At-A-Glance

Critical Illness Insurance

Lincoln Critical Illness Insurance:

- 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 42 North Dental 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

Coverage for you

Critical Illness Insurance | Employee

Guaranteed coverage amount	\$20,000
Maximum coverage amount	\$20,000 (in increments of \$5,000)
Minimum coverage amount	\$10,000

Guaranteed Coverage Amounts

- You can choose a coverage amount up to \$20,000 without providing evidence of insurability (documentation of your health history).
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required. See the Evidence of Insurability page for details.

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 amounts	\$10,000
Maximum coverage amount	50% of the employee coverage amount up to \$10,000 in increments of \$2,500
Minimum coverage amount	\$5,000

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

Guaranteed Coverage Amount

- You can choose a coverage amount up to \$10,000 for your spouse without providing evidence of insurability (documentation of your spouse's health history).
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required. See the Evidence of Insurability page for details.

Coverage for your dependent children

Your dependent children automatically receive 25% of your coverage amount at no extra cost.

Core Benefits

Covered Conditions	
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
Renal (kidney) failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Additional childhood conditions	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	25%
Supplemental Conditions	
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	25%
Loss of sight, hearing and/or speech	25%
Health Assessment	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	\$50

Additional Plan Feature(s)	
Health Advocate Services	Included
Portability	Included

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

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;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months.

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.

Pre-existing Condition exclusion

Benefits are not payable for any covered condition or loss:

1. which is caused, contributed to by, or results from a pre-existing condition; and
2. which begins in the Exclusionary period after the covered person's effective date (unless the condition was not treated during any treatment-free period, if applicable).

The pre-existing condition exclusion will also apply to any increase in coverage beginning on the effective date of the increase.

A complete list of benefit exclusions is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention ID GENTLEMA.

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.

Health advocacy services are provided by Health Advocate, Inc. (Plymouth Meeting, PA), the nation's leading healthcare advocacy company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment.

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.

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Group Critical Illness Insurance | Benefits At-A-Glance

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Critical Illness Insurance Premium

Here's how little you pay with group rates.

The estimated bi-weekly premium for critical illness insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the employee age-range premium rate.

$$\text{Coverage amount} \times \text{premium rate} = \text{bi-weekly premium}$$

Note: Rates are subject to change and can vary over time.

If You are not a Tobacco User

Employee | Non-Tobacco User Bi-Weekly Premiums

Employee Age Range	Critical Illness Premium Rate
0 - 19	0.000196
20 - 29	0.000196
30 - 39	0.000322
40 - 49	0.000662
50 - 59	0.001218
60 - 69	0.002103
70 - 99	0.005062

If You are a Tobacco User

Employee | Tobacco User Bi-Weekly Premiums

Employee Age Range	Critical Illness Premium Rate
0 - 19	0.000211
20 - 29	0.000211
30 - 39	0.000373
40 - 49	0.000936
50 - 59	0.002162
60 - 69	0.004377
70 - 99	0.008935

The Lincoln National Life Insurance Company

Please see prior page for product information.

Group Critical Illness Insurance | Benefits At-A-Glance

The estimated bi-weekly 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.

$$\text{Coverage amount} \times \text{premium rate} = \text{bi-weekly premium}$$

Note: Rates are subject to change and can vary over time.

If You are not a Tobacco User

Spouse | Non-Tobacco User Bi-Weekly Premiums

Employee Age Range	Critical Illness Premium Rate
0 - 19	0.000139
20 - 29	0.000139
30 - 39	0.000239
40 - 49	0.000593
50 - 59	0.001326
60 - 69	0.002496
70 - 99	0.006119

If You are a Tobacco User

Spouse | Tobacco User Bi-Weekly Premiums

Employee Age Range	Critical Illness Premium Rate
0 - 19	0.000158
20 - 29	0.000158
30 - 39	0.00031
40 - 49	0.001027
50 - 59	0.002681
60 - 69	0.005588
70 - 99	0.011993

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