



Employees of University Of Puget Sound

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, \$20,000 or \$30,000
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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, \$10,000 or \$15,000 (up to 50% of the employee coverage amount)
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) for your spouse

Coverage for your dependent children

Your dependent children automatically receive 50% of your coverage amount (up to \$10,000) at no extra cost.

Critical Illness Insurance | Children

Guaranteed coverage amount	\$10,000 (up to 50% of the employee coverage amount)
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No money is due at enrollment. Your premium simply comes out of your paycheck.

Core Benefits

Covered Conditions		Benefit Percentage
Heart attack		100%
Sudden cardiac arrest resulting in death		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%
Skin Cancer (other than melanoma)		\$500 per lifetime
Supplemental Conditions		
Advanced Huntington's disease		100%
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		25%
Benign brain tumor		50%
Health Assessment / Wellness Benefit	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	Level: \$50	
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.

During the first six months of coverage benefits will not be payable for a pre-existing condition. A "pre-existing" condition is one in which you or an insured dependent receive treatment during the six months prior to the effective date of coverage. Treatment means consultation, care, and services provided or prescribed by a Physician for which symptoms exist.

If you are a participant in a Critical Illness plan which this plan replaces and are diagnosed with a pre-existing condition, we will consider whether the condition was payable under the prior plan when determining if it will be payable under this plan.

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 pre-existing condition means a covered condition for which treatment was received during the look-back period prior to the effective date of coverage. Treatment means consultation, care and services provided or prescribed by a physician. It includes diagnostic measures and the prescription, refill or taking of prescribed drugs or medicines for which symptoms exist.

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

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 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. 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	\$0.194
25-29	\$0.285
30-34	\$0.383
35-39	\$0.507
40-44	\$0.741
45-49	\$1.026
50-54	\$1.473
55-59	\$1.991
60-64	\$2.827
65-69	\$3.923
70+	\$7.377

Spouse | Monthly Premiums

Employee Age range (Attained Age)	Critical Illness Premium Rate per \$1,000
0-24	\$0.148
25-29	\$0.239
30-34	\$0.337
35-39	\$0.461
40-44	\$0.696
45-49	\$0.980
50-54	\$1.427
55-59	\$1.944
60-64	\$2.782
65-69	\$3.877
70+	\$7.332

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