

Voluntary Critical Illness Benefits

Especially designed for the employees of:

HSM Solutions, Inc



The Critical Illness option provides a fixed lump sum benefit upon diagnosis of a covered critical illness. Benefits are paid directly to the insured in addition to any other benefits.

You can choose between \$5,000 and \$30,000 of lump sum coverage. Spouse and Child coverage is also available. The spouse amount may not exceed 100% of the employee amount. Spouse must be under age 70 to enroll. Children may be covered for up to 25% of employee amount.

*Guaranteed Issue for Employee and Spouse is \$30,000 and all child coverage is guaranteed issue.

Covered Critical Illnesses

Invasive/Life Threatening Cancer	100%	Motor Neuron Diseases	100%
Carcinoma in Situ	25%	Multiple Sclerosis	100%
Skin Cancer	5%	Occupational HIV	100%
Benign Brain Tumor	100%	Occupational Hepatitis	100%
Heart Attack	100%	Paralysis	100%
Coronary Artery Disease*	25%	Parkinson's Disease	100%
Stroke	100%	Severe Brain Damage	100%
Alzheimer's Disease	100%	Coma	100%
Loss of Hearing/Sight/Speech	100%	Major Organ Failure (includes kidney)	100%
Ruptured Cerebral, Carotid, or Aortic Aneurysm	100%		

- Lifetime Maximum Benefit per Category is 1,000% of the Amount of Insurance
- Subsequent Occurrence Benefit (Different Category) :100% of the Amount of Insurance. Occurrences must be separated by at least 30 days.
- Re-Occurrence Benefit (Same Category) :100% of the Amount of Insurance. Occurrence must be separated by at least 6 months. (not applicable to skin cancer)
- Benefit Waiting Period - None
- Portability - The plan is portable, and employees can continue their coverage if they leave employment. Employees are required to complete an application for portability within 30 days of their employment termination date.
- This is a brief summary of benefits. Please refer to the certificate of coverage for complete provisions, limitations and exclusions.

Pre-existing Condition Limitation - NONE

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\$75 Health Screening Benefit

To help prevent Critical Illness and for early detection of potential critical health problems, this plan includes annual Health Screening Benefit for screening tests during the year. For Employee, Spouse and Children if applicable. This benefit pays \$75 for one health screening benefit performed during a twelve month period for the Insured, his/her insured dependents. One health screening will be paid per twelve months for each insured, up to a maximum of 4 per family.

Covered Health Screening Tests Include:

- **Ultrasound screening (of breast, abdominal aorta for abdominal aortic aneurysms, carotid arteries or for cancer detection)**
- **Mammography**
- **Various blood tests**
- **Chest x-ray**
- **Colonoscopy**
- **Fasting blood glucose test**
- **Bone marrow testing**
- **Flexible sigmoidoscopy**
- **Hemoccult stool analysis**
- **Pap test**
- **PSA (blood test for prostate cancer)**
- **Stress test on a bicycle or treadmill**

Weekly EE & Spouse Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	
Non Nicotine	< 30	0.46	0.92	1.38	1.85	2.31	2.77
	30-39	0.75	1.50	2.25	3.00	3.75	4.50
	40-49	1.44	2.88	4.33	5.77	7.21	8.65
	50-59	2.94	5.88	8.83	11.77	14.71	17.65
	60-69	5.71	11.42	17.13	22.85	28.56	34.27
	70+	13.10	26.19	39.29	52.38	65.48	78.58

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	
Nicotine	< 30	0.57	1.13	1.70	2.26	2.83	3.39
	30-39	1.11	2.22	3.32	4.43	5.54	6.65
	40-49	2.75	5.49	8.24	10.98	13.73	16.48
	50-59	5.71	11.42	17.13	22.85	28.56	34.27
	60-69	9.70	19.41	29.11	38.82	48.52	58.22
	70+	16.38	32.77	49.15	65.54	81.92	98.31

Child Rider Premiums based on weekly deductions

Age	\$1,250	\$2,500	\$3,750	\$5,000	\$6,250	\$7,500
0-26	0.10	0.20	0.30	0.40	0.50	0.61

One rate for all eligible dependent children in family, regardless of number.

This Plan is HSA Compliant

Spouse premiums are based on the spouse's age on the coverage effective date.