## Voluntary Critical Illness Benefits Especially designed for the employees of: Dimensional Foam Products LLC

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 \$50,000 of lump sum coverage. Spouse and Child coverage is also available. The spouse amount may not exceed 100% of the employee amount. 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%		
Covered Childhood Illnesses			
Cerebral Palsy	100%	Muscular Dystrophy	100%
Cleft Lip or Palate	100%	Spina Bifida	100%
Cystic Fibrosis	100%	Type 1 Diabetes	100%
Down Syndrome	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 3 months.
- 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,

Age Reduction Schedule - This plan has an age reduction schedule of 50% of the original purchase amount at age 70.

Benefits are subject to a pre-existing condition limitation. A pre-existing condition is any condition in which you have already received medical advice, treatment, or taken prescribed medications for, during the **3 months** prior to your effective date of coverage.

If you file a claim within the first **12 months** of coverage, the look back period of **3 months** from the effective date would apply for pre-existing conditions related to this claim. However, after **12 months** of coverage, the pre-existing condition limitation no longer applies. Any claim for a new condition, or a condition you have not been treated for during the **3 month** look back would be covered.



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Weekly EE & Spouse Premiums												
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000		
و < 30 <b>ي</b>	0.55	1.11	1.66	2.22	2.77	3.32	3.88	4.43	4.98	5.54		
Nicotine 40-49	0.88	1.75	2.63	3.51	4.38	5.26	6.14	7.02	7.89	8.77		
<b>2</b> 40-49	1.94	3.88	5.82	7.75	9.69	11.63	13.57	15.51	17.45	19.38		
<b>5</b> 50-59	4.25	8.49	12.74	16.98	21.23	25.48	29.72	33.97	38.22	42.46		
ž <sub>60-69</sub>	9.24	18.48	27.73	36.97	46.21	55.45	64.70	73.94	83.18	92.42		
70+	25.81	51.62	77.43	103.25	129.06	154.87	180.68	206.49	232.30	258.12		
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000		
< 30	0.69	1.38	2.08	2.77	3.46	4.15	4.85	5.54	6.23	6.92		
30-39	1.35	2.70	4.05	5.40	6.75	8.10	9.45	10.80	12.15	13.50		
<b>2</b> 40-49	3.55	7.11	10.66	14.22	17.77	21.32	24.88	28.43	31.98	35.54		
<b>5</b> 50-59	7.67	15.35	23.02	30.69	38.37	46.04	53.71	61.38	69.06	76.73		
<b>=</b> 60-69	14.24	28.48	42.72	56.95	71.19	85.43	99.67	113.91	128.15	142.38		
70+	34.21	68.42	102.63	136.85	171.06	205.27	239.48	273.69	307.90	342.12		
Child Rider Premiums based on weekly deductions												
Age	\$1,250	\$2,500	\$3,750	\$5,000	\$6,250	\$7,500	\$8,750	\$10,000	\$11,250	\$12,500		
0-26	0.43	0.86	1.29	1.72	2.15	2.58	3.01	3.44	3.87	4.30		

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.