



Employees of Coastal Bend Employee Benefits Cooperative 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 amount	\$40,000
Maximum Coverage Amount	\$40,000 (in increments of \$5,000)
Minimum coverage amount	\$10,000

Guaranteed coverage amounts

- You can choose from the coverage amount

Maximum coverage amount

- You can choose from the coverage amount of \$40,000 (in increments of \$5,000).

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	\$40,000
Maximum Coverage Amount	100% of the employee coverage amount up to \$40,000 maximum in increments of \$5,000
Minimum coverage amount	\$5,000

Guaranteed coverage amount

- You can choose from the coverage amount up to \$40,000 for your spouse

Maximum coverage amount

- You can choose a coverage amount up to 100% of your coverage amount (\$40,000 maximum) for your spouse

Coverage for your dependent children

Your dependent children automatically receive 50% of your coverage amount at no extra cost.

Critical Illness Insurance | Children

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

- You can choose from the coverage amounts above for your dependent children
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%
Mitral or aortic valve disease	10%
Noninvasive cancer (in situ)	25%
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	100%
Loss of sight, hearing and/or speech	25%

Accidental Injuries Benefit

Accidental Injuries Benefit	Benefit Percentage
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%

Additional Childhood Conditions

Additional Childhood Conditions	Benefit Percentage
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 Diabetes	100%

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 benefit options.

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.

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

Questions? Call 800-423-2765 and mention ID: CBEC.

Critical Illness Insurance Premium

Here's how little you pay with group rates.

Group Rates for You

Employee | Monthly Premiums

Employee Age Range (Attained Age)	Critical Illness Premium Rate per \$1,000
0-29	\$0.260
30-39	\$0.424
40-49	\$0.646
50-59	\$1.182
60-69	\$3.183
70+	\$3.183

Group Rates for Your Spouse

Employee Age Range (Attained Age)	Critical Illness Premium Rate per \$1,000
0-29	\$0.260
30-39	\$0.424
40-49	\$0.646
50-59	\$1.182
60-69	\$3.183
70+	\$3.183

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