



Victoria Independent School District Critical Illness Plan Highlights

Critical Illness insurance provides financial protection by paying a lump sum benefit if you are diagnosed with a covered critical illness.

Who is eligible for this coverage? All employees in active employment in the United States working at least 20 hours per week and their eligible spouses and children (up to age 26 regardless of student or marital status).

What are the Critical Illness coverage amounts? The following coverage amounts are available.

For you: *Select one of the following Choice \$10,000, \$20,000 or \$30,000*

For your Spouse and Children: 100% of employee coverage amount

Can I be denied coverage? Coverage is guarantee issue.

When is coverage effective? Please see your Plan Administrator for your effective date of coverage.

Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

What critical illness conditions are covered?	Covered Conditions*	Percentage of Coverage Amount
	Critical Illnesses	
	Coronary Artery Disease (major)	50%
	Coronary Artery Disease (minor)	10%
	End Stage Renal (Kidney) Failure	100%
	Heart Attack (Myocardial Infarction)	100%
	Major Organ Failure Requiring Transplant	100%
	Stroke	100%
	Supplemental Critical Illnesses	
	Benign Brain Tumor	100%
	Coma	100%
	Loss of Hearing	100%
	Loss of Sight	100%
	Loss of Speech	100%
	Infectious Disease	25%
	Occupational Human Immunodeficiency Virus (HIV) or Hepatitis	100%
	Permanent Paralysis	100%
	Progressive Diseases	
	Amyotrophic Lateral Sclerosis (ALS)	100%
	Dementia (including Alzheimer's Disease)	100%
	Functional Loss	100%
	Multiple Sclerosis (MS)	100%
	Parkinson's Disease	100%



Additional Critical Illnesses for your Children

Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Spina Bifida	100%

** Please refer to the policy for complete definitions of covered conditions.*

Covered Condition Benefit

The covered condition benefit is payable once per covered condition per insured.

Unum will pay a covered condition benefit for a different covered condition if:

- the new covered condition is medically unrelated to the first covered condition; or
- the dates of diagnosis are separated by more than 180 days.

Reoccurring Condition Benefit

We will pay the reoccurring condition benefit for the diagnosis of the same covered condition if the covered condition benefit was previously paid and the new date of diagnosis is more than 180 days after the prior date of diagnosis.

The benefit amount for any reoccurring condition benefit is 100% of the percentage of coverage amount for that condition.

The following Covered Conditions are eligible for a reoccurring condition benefit:

Benign Brain Tumor	Heart Attack (Myocardial Infarction)
Coma	Major Organ Failure Requiring Transplant
Coronary Artery Disease (Major)	End Stage Renal (Kidney) Failure
Coronary Artery Disease (Minor)	Stroke

Are wellness screenings covered?

Each insured is eligible to receive one Be Well Benefit per calendar year.

Be Well Benefit

For you, your spouse and your children: \$50

If the employee's Critical Illness Coverage Amount is:

\$10,000
\$20,000
\$30,000

The Be Well Benefit Amount for you, your spouse and your children is:

\$50
\$50
\$50

Be Well Screenings include tests for the following:

cholesterol and diabetes, cancer and cardiovascular function. They also include imaging studies, immunizations and annual examinations by a Physician. See certificate for details.

How much does the coverage cost?

Option 1

Monthly Critical Illness Cost \$10,000 EE, \$10,000 SP, \$50 Be Well Benefit		
Age	Employee Cost	Spouse Cost
Less than age 25	\$2.62	\$2.62
25-29	\$2.92	\$2.92
30-34	\$3.32	\$3.32
35-39	\$4.02	\$4.02
40-44	\$4.92	\$4.92
45-49	\$6.32	\$6.32
50-54	\$8.12	\$8.12
55-59	\$10.12	\$10.12
60-64	\$14.12	\$14.12
65-69	\$21.52	\$21.52
70-74	\$38.82	\$38.82
75-79	\$65.72	\$65.72
80-84	\$112.32	\$112.32
85 or over	\$204.62	\$204.62

Option 2

Monthly Critical Illness Cost \$20,000 EE, \$20,000 SP, \$50 Be Well Benefit		
Age	Employee Cost	Spouse Cost
Less than age 25	\$3.72	\$3.72
25-29	\$4.32	\$4.32
30-34	\$5.12	\$5.12
35-39	\$6.52	\$6.52
40-44	\$8.32	\$8.32
45-49	\$11.12	\$11.12
50-54	\$14.72	\$14.72
55-59	\$18.72	\$18.72
60-64	\$26.72	\$26.72
65-69	\$41.52	\$41.52
70-74	\$76.12	\$76.12
75-79	\$129.92	\$129.92
80-84	\$223.12	\$223.12
85 or over	\$407.72	\$407.72

Option 3

Monthly Critical Illness Cost \$30,000 EE, \$30,000 SP, \$50 Be Well Benefit		
Age	Employee Cost	Spouse Cost
Less than age 25	\$4.82	\$4.82
25-29	\$5.72	\$5.72
30-34	\$6.92	\$6.92
35-39	\$9.02	\$9.02
40-44	\$11.72	\$11.72
45-49	\$15.92	\$15.92
50-54	\$21.32	\$21.32
55-59	\$27.32	\$27.32
60-64	\$39.32	\$39.32
65-69	\$61.52	\$61.52
70-74	\$113.42	\$113.42
75-79	\$194.12	\$194.12
80-84	\$333.92	\$333.92
85 or over	\$610.82	\$610.82

Your rate is based on your insurance age, which is your age immediately prior to and including the anniversary/effective date.

Spouse rate is based on your Spouse's insurance age, which is their age immediately prior to and including the anniversary/effective date.

Do my critical illness insurance benefits decrease with age?

Critical Illness benefits do not decrease due to age.

Are there any exclusions or limitations?

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician;
- being intoxicated; and
- a Date of Diagnosis that occurs while an Insured is legally incarcerated in a penal or correctional institution.

Additionally, no benefits will be paid for a Date of Diagnosis that occurs prior to the coverage effective date.

Pre-existing Conditions

We will not pay benefits for a claim when the covered loss occurs in the first 12 months following an insured's coverage effective date and the covered loss is caused by, contributed to by, or occurs as a result of any of the following:

- a pre-existing condition; or
- complications arising from treatment or surgery for, or medications taken for, a pre-existing condition.

An insured has a pre-existing condition if, within the 3 months just prior to their coverage effective date, they have an injury or sickness, whether diagnosed or not, for which:

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period;
- drugs or medications were taken, or prescribed to be taken during that period;
- or
- symptoms existed.

The pre-existing condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage effective date refers to the date any initial coverage or increases in coverage become effective.

Is the coverage portable (can I keep it if I leave my employer)?

If you have been insured for at least 12 months and your employment with your employer ends or you are no longer in an eligible group you can apply for ported coverage and pay the first premium within 31 days to continue coverage for yourself, your spouse and your children.

If your spouse's coverage ends as a result of your death, divorce or annulment, your spouse may elect to continue spouse and children coverage, as long as premium is paid as required.

When does my coverage end?

If you choose to cancel coverage, it will end on the first of the month following the date you provide notification to your employer.

Otherwise, coverage ends on the earliest of:

- the date the policy is cancelled by your employer;
- the date you no longer are in an eligible group;
- the date your eligible group is no longer covered;
- the date of your death
- the last day of the period any required contributions are made;
- the last day you are in active employment.

If you choose to cancel your Spouse's coverage, it will end on the first of the month following the date you provide notification to your employer.

Otherwise, your spouse's coverage will end on the earliest of:

- the date your coverage ends;
- the date your spouse is no longer eligible for coverage;
- the date your spouse no longer meets the definition of a spouse;
- the date of your spouse's death; or
- the date of divorce or annulment.

Your children's coverage will end on the earliest of:

- the date your coverage ends;
- the date your children are no longer eligible for coverage; or
- the date your children no longer meet the definition of children.

The limited benefits provided are a supplement to major medical coverage and are not a substitute for major medical coverage or other minimal essential coverage as required by federal law. Lack of minimal essential coverage may result in an additional tax payment being due.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GCIP16-1 et al or contact your Unum representative.

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