

CRITICAL ILLNESS

What is Critical Illness Insurance? A health and wellness plan in which you receive a lump sum cash payment if you are diagnosed with one of the specific illnesses on a predetermined list of critical illnesses.

Eligibility: All full-time employees working 20+ hours/week, spouse, and unmarried children (up to age 26)

- Coverage through Trustmark
- Elect Critical Illness with or without Cancer coverage based on your individual needs
- **Issue Age - Rates are locked in and will not increase with age**
- If electing outside of the initial open enrollment period, health questions will be required
- Keep your coverage, at the same cost, even if you retire or change employers
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan Certificate available on your Employee Benefits website.*

Critical Illness Benefit Amounts	
Employee	\$10,000 - \$50,000
Spouse	50% of Employee Amount
Children	25% of Employee Amount
Guaranteed Issue Amounts (Initial Enrollment)	
Employee	\$20,000
Spouse	\$10,000 (Ages 18-70)
Children (Through the age of 25)	\$5,000
COVERED SPECIFIED CRITICAL ILLNESSES	Select Critical Illness with or without cancer
Heart Attack (Myocardial Infarction)	100%
Coronary Artery Bypass	50%
Stroke (30 days impairment)	100%
Cerebral Vascular Disease (TIA)	10%
End State Renal Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Blindness	100%
Stem Cell/Bone Marrow Transplant	10%
Cancer: Invasive basal/squamous cell skin cancer	10% if selected w/cancer
Cancer: In-Situ	10% if selected w/cancer
Cancer: Stage 1 or 2 - No lymph node involvement	50% if selected w/cancer
Cancer: Stage 3 or Higher	100% if selected w/cancer
Age Reduction	None
Pre-existing Condition	12/12

Don't forget your \$50 wellness benefit!

What Qualifies as wellness?

- Mammography
- Pap Smear for women over Age 18
- Flexible Sigmoidoscopy
- Hemocult Stool Specimen
- Colonoscopy
- Prostate Specific Antigen (for prostate cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid doppler
- CT colonography
- Electrocardiogram (EKG/ECG)
- Human Papillomavirus (HPV) vaccination

How to file a wellness claim?

- Fax completed documents to 508.471.3208
- Email completed documents to riderclaims@trustmarkins.com
- File online: www.trustmarksolutions.com/file-claim

Visit www.morgancountybenefits.com for additional wellness details.

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please consult with a Campus Benefits Counselor or log into the enrollment platform for rate details.