



Employees of Pyramid Healthcare Inc.

Benefits At-A-Glance

Coverage for you

Critical Illness Insurance | Employee

Guaranteed coverage amounts	\$15,000 or \$30,000
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) above

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	\$7,500 or \$15,000 (up to 50% of the employee coverage amount)
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) for your spouse

Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

Critical Illness Insurance | Children

Guaranteed coverage amount	\$7,500 or \$15,000 (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

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

No money is due at enrollment. Your premium simply comes out of your paycheck.

Core Benefits

Covered Conditions	Benefit Percentage
Heart attack	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%
Noninvasive cancer (in situ)	25%

Supplemental Conditions	Benefit Percentage
Advanced Huntington's disease	25%
Advanced ALS/Lou Gehrig's disease	25%
Advanced Alzheimer's disease	100%
Advanced multiple sclerosis	25%

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

Occupational Disease (employee only)	Benefit Percentage
Tuberculosis	25%
Tetanus	25%
Rabies	25%

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: 1124872.

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
0-24	\$0.414
25-29	\$0.441
30-34	\$0.567
35-39	\$0.648
40-44	\$0.747
45-49	\$1.062
50-54	\$1.494
55-59	\$2.070
60-64	\$2.772
65-69	\$3.807
70+	\$5.706

Group Rates for Your Spouse

Spouse | Monthly Premiums

Employee Age Range (Attained Age)	Critical Illness Premium Rate per \$1,000
0-24	\$0.414
25-29	\$0.441
30-34	\$0.567
35-39	\$0.648
40-44	\$0.747
45-49	\$1.062
50-54	\$1.494
55-59	\$2.070
60-64	\$2.772
65-69	\$3.807
70+	\$5.706

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

Group Critical Illness Insurance | Benefits At-A-Glance

Group Rates for Your Dependent Children

Dependent Children | Monthly Premiums

Critical Illness Premium Rate per \$1,000
\$0.441

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