



Employees of Meridian Healthcare

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 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

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	100%
Noninvasive cancer (in situ)	25%
Supplemental Conditions	
Advanced Huntington's disease	25%
Advanced ALS/Lou Gehrig's disease	25%
Advanced Alzheimer's disease	100%
Advanced multiple sclerosis	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%

Note: See the policy for details and specific requirements for each of these benefits.

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: MERIDIANS2.

Critical Illness Insurance Premium

Here's how little you pay with group rates.

Employee | Semi-Monthly Premiums

Employee Age range	\$15,000.00	\$30,000.00
0-24	\$1.04	\$2.09
25-29	\$1.82	\$3.63
30-34	\$2.69	\$5.39
35-39	\$3.81	\$7.62
40-44	\$6.39	\$12.78
45-49	\$9.76	\$19.52
50-54	\$14.48	\$28.95
55-59	\$19.99	\$39.98
60-64	\$29.03	\$58.07
65-69	\$41.92	\$83.84
70+	\$78.08	\$156.17

Spouse | Semi-Monthly Premiums

Spouse Age range	\$7,500.00	\$15,000.00
0 - 24	\$0.52	\$1.04
25-29	\$0.91	\$1.82
30-34	\$1.35	\$2.69
35-39	\$1.91	\$3.81
40-44	\$3.20	\$6.39
45-49	\$4.88	\$9.76
50-54	\$7.24	\$14.48
55-59	\$9.99	\$19.99
60-64	\$14.52	\$29.03
65-69	\$20.96	\$41.92
70+	\$39.04	\$78.08

Dependent Children | Semi-Monthly Premiums

Age Range	\$7,500.00	\$15,000.00
0-26	\$1.24	\$2.48

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