



## What is it?

Critical illness insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered illness.

## Why is this coverage valuable?

Unexpected expenses can add up after a critical illness. This coverage provides cash to pay health insurance deductibles, transportation, childcare, and anything else you and your family need while you receive treatment and recover.

## Your critical illness coverage

<b>Eligibility description</b>	All Full-Time Employees
<b>Contribution</b>	You pay the cost of your coverage.
<b>Employee coverage amount</b>	\$10,000, \$20,000, or \$30,000
<b>Spouse coverage amount</b>	\$10,000, \$20,000, or \$30,000 up to 100% of employee benefit amount
<b>Dependent children coverage</b>	You can elect Critical Illness Insurance for your dependent children in the amount of \$5,000, \$10,000, or \$15,000 (up to 100% of the employee coverage amount) when you choose coverage for yourself.
<b>Preexisting condition</b>	Not applicable
<b>Covered conditions</b>	
Heart attack	100%
Arterial/vascular disease	50%
Mitral or aortic valve disease	25%
Sudden cardiac arrest, resulting in death	100%
Stroke	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
End state renal (kidney) failure	100%
Invasive cancer	100%
Noninvasive cancer (in situ)	25%
Skin cancer	\$1,000 per lifetime
<b>Supplemental conditions</b>	
AIDS	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced multiple sclerosis	100%
Advanced Huntington's disease	100%
Advanced COPD	100%
Benign brain tumor	100%



Loss of sight, hearing and/or speech	100%
<b>Accidental injuries benefit</b>	
Severe burns, permanent paralysis, or traumatic brain injuries (includes coma)	100%
<b>Occupational disease (employee only)</b>	
HIV	100%
Hepatitis (B, C, D)	100%
Tuberculosis	25%
Invasive MRSA infection	25%
Tetanus	25%
Rabies	25%
<b>Additional childhood conditions</b>	
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 diabetes	100%
<b>Recovery assistance</b>	
Family care benefit	\$25 per day for up to 30 days
Lodging when 100 or more miles from home	\$150 per day for up to 30 nights
Transportation when 100 or more miles from home	\$200 per trip for up to 3 trips
<b>Health assessment/wellness benefit</b>	
You receive a cash benefit every year you and any covered family members complete a single covered exam or screening.	\$50



## Benefit exclusions

Like any insurance, your critical illness policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover covered conditions or loss caused or contributed to by:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony, participation in a felony, or committing a felony
- War or any act of war, declared or undeclared
- 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, or participation in a riot or insurrection
- A covered condition sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months

Benefits won't 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 isn't 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.



## Critical illness rate information

Option	Weekly rate
Employee and spouse rate	See rate tables below.
Child(ren) rate	\$0.125 per \$1,000 in covered benefit

**Employee weekly rate per \$1000:**

Age range (attained age)	Premium weekly rate
Under 24	\$0.056
25-29	\$0.078
30-34	\$0.107
35-39	\$0.158
40-44	\$0.237
45-49	\$0.347
50-54	\$0.495
55-59	\$0.660
60-64	\$0.936
65-69	\$1.324
Above 70	\$2.280

**Spouse weekly rate per \$1000:**

Age range (attained age)	Premium weekly rate
Under 24	\$0.056
25-29	\$0.078
30-34	\$0.107
35-39	\$0.158
40-44	\$0.237
45-49	\$0.347
50-54	\$0.495
55-59	\$0.660
60-64	\$0.936
65-69	\$1.324
Above 70	\$2.280



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This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern. Benefits may vary by state, have limits on the number of services provided, or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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