

GROUP CRITICAL ILLNESS INSURANCE



Critical Illness Insurance is a supplemental insurance plan that helps you pay for out-of-pocket costs after a covered health event

The costs of having a serious illness and its treatment are often overwhelming. Even with health insurance you may still struggle with covering out-of-pocket costs. Critical Illness Insurance can be a safety net for you and your family when you're the most vulnerable.

Value of Critical Illness insurance

- Benefits payable for Critical Illness and specified diseases
- Premiums are convenient and paid through payroll deduction
- Coverage is guaranteed with no medical questions asked
- There are no deductibles, copayments or network restrictions—you choose your own medical provider
- Benefits are portable, take it with you if you leave or change jobs



2/3

of those who filed for bankruptcy cite medical issues as a key contributor

<https://cnb.cx/2TipZbw>

How can Critical Illness Insurance help?



Deductibles and copays left by major medical insurance



Lost income while receiving care or replace a spouse's income while they're by your side



Out-of-network costs for alternative treatment



Travel for care and treatment, or even a second opinion



Fees for contractor or handyman to make modifications to your home, such as a wheelchair ramp, due to an illness

How does Critical Illness Insurance work?

With Atlantic American Employee Benefits' Critical Illness Insurance you receive a lump-sum cash benefit paid directly to you after a serious illness like a heart attack or stroke.



After you or a covered family member are diagnosed with a Critical Illness, present the diagnosis to Atlantic American Employee Benefits for verification.



With approval of your claim, Atlantic American Employee Benefits pays a lump sum cash benefit directly to you—not to doctors or hospitals—based on the verified Critical Illness diagnosis (no waiting period, no deductible, no lengthy process).



Use benefits to pay any bills you choose, from deductibles, copays and coinsurance to transportation to treatment centers to mortgage payment, groceries and childcare expenses or even for experimental treatments not covered by your medical insurance.



What are some common charges associated with a Critical Illness?

- Adjustable hospital bed
- Bathroom remodel for disability accessibility
- Wheelchair ramp
- Chair lift
- Home health aide

You are not alone when you have Atlantic American Employee Benefits' protection. Care is important. And so is your Atlantic American Employee Benefits' Critical Illness Insurance.

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Coverage details

Atlantic American Employee Benefits' Group Critical Illness Insurance plan includes the benefits listed below. Each benefit is subject to conditions for payment as detailed in the certificate.



PLAN INFORMATION

Available To	Employee: 16-70 Spouse: 16-65 Dependent(s): through age 25
Employee Maximum	Up to \$30,000 in \$10,000 increments
Guaranteed Issue	\$5,000-\$30,000
Spouse Coverage* (excluding Wellness Benefit)	Up to \$15,000 – up to 50% of the employee election
Dependent Coverage* (excluding Wellness Benefit)	Up to \$15,000 – up to 50% of the employee election

ADDITIONAL PLAN DETAILS

Separation Periods	
New Condition	6 months at 100% of the benefit amount
Reoccurrence (Same Condition)	6 months at 100% of the benefit amount. Limited to <unlimited> number of reoccurrence payouts per condition
Employee Termination Age	99
Pre-Existing Conditions Limitation	None
Benefit Waiting Period	None
Portability	Included
Waiver of Premium	Excluded

All benefit amounts are Guarantee Issue

* Employee coverage is required in order to elect spouse and/or dependent coverage.

Each year
805,000
Americans have a
heart attack

<https://bit.ly/35jHDfp>



Nearly **2 Million**
new cases of cancer are
expected to be diagnosed
in the U.S. in 2022

<https://abcn.ws/3Oa5ndd>

CANCER	BENEFIT AMOUNT	CHILDHOOD CONDITIONS	
Invasive Cancer	100%	Cerebral Palsy	100%
Non-Invasive Cancer	25%	Cleft Lip and/or Cleft Palate	100%
Skin Cancer	\$500	Club Foot	100%
Benign Brain Tumor	100%	Down Syndrome	100%
Bone Marrow (or Stem Cell) Transplant	25%	Sickle Cell Anemia	100%
VASCULAR - HEART AND STROKE		Spina Bifida	100%
Heart Attack	100%	Tay-Sachs Disease	100%
Coronary Artery Disease –		Type I Diabetes	100%
Angioplasty or Atherectomy	10%	WELLNESS BENEFITS	
Bypass Surgery	25%	Wellness Screening Benefit	\$100
Stent Implantation	10%	Individual Limit	1 per Year
Sudden Cardiac Arrest	100%	Family Limit	6 per Year
Stroke	100%		
Transient Ischemic Attack (TIA)	10%		
Ruptured Aneurysm	10%		
QUALITY OF LIFE			
Advanced Parkinson's Disease	100%		
Alzheimer's Disease and/or Dementia	100%		
Amyotrophic Lateral Sclerosis (ALS)	100%		
Coma	100%		
Complete Loss of Sight, Speech or Hearing	100%		
End Stage Renal Failure	100%		
Major Organ Failure	100%		
Multiple Sclerosis (MS)	100%		
Muscular Dystrophy	100%		
Occupational Hepatitis	100%		
Occupational HIV	100%		
Permanent Paralysis	100%		
Pulmonary Embolism	100%		
Pulmonary Fibrosis	100%		
Severe Arthritis	25%		
Severe Burns	100%		
Severe Mental Illness	25%		
Severe Osteoporosis	25%		
Systemic Lupus	100%		
Systemic Sclerosis (Scleroderma)	100%		

GROUP CRITICAL ILLNESS INSURANCE

MONTHLY PREMIUM RATES ATTAINED AGE TOBACCO DISTINCT PER 1,000

NON-TOBACCO					TOBACCO				
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY	AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
<25	\$0.21	\$0.32	\$0.31	\$0.43	<25	\$0.28	\$0.42	\$0.38	\$0.53
25-29	\$0.30	\$0.44	\$0.39	\$0.55	25-29	\$0.40	\$0.60	\$0.49	\$0.70
30-34	\$0.39	\$0.59	\$0.48	\$0.69	30-34	\$0.54	\$0.81	\$0.63	\$0.91
35-39	\$0.53	\$0.80	\$0.63	\$0.90	35-39	\$0.80	\$1.20	\$0.89	\$1.30
40-44	\$0.76	\$1.13	\$0.85	\$1.24	40-44	\$1.45	\$2.18	\$1.55	\$2.28
45-49	\$1.12	\$1.68	\$1.21	\$1.78	45-49	\$2.60	\$3.90	\$2.69	\$4.00
50-54	\$1.79	\$2.68	\$1.88	\$2.78	50-54	\$4.14	\$6.21	\$4.24	\$6.32
55-59	\$2.76	\$4.15	\$2.86	\$4.25	55-59	\$6.22	\$9.33	\$6.32	\$9.44
60-64	\$4.11	\$6.17	\$4.21	\$6.27	60-64	\$8.47	\$12.70	\$8.56	\$12.81
65-69	\$5.84	\$8.75	\$5.93	\$8.86	65-69	\$11.55	\$17.32	\$11.64	\$17.43
70+	\$7.41	\$11.12	\$7.51	\$11.23	70+	\$13.75	\$20.62	\$13.64	\$20.73

*Children are included in the employee's premium at no extra charge.
Rates include Wellness

BOOSTER MONTHLY PREMIUM RATES UNI-TOBACCO DISTINCT PER 1,000

	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
Wellness	\$3.01	\$6.02	\$5.23	\$8.49

GROUP CRITICAL ILLNESS INSURANCE

MONTHLY PREMIUM RATES TOBACCO DISTINCT ATTAINED AGE

NON-TOBACCO \$10,000				
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
<25	\$5.11	\$9.22	\$8.33	\$12.79
25-29	\$6.01	\$10.42	\$9.13	\$13.99
30-34	\$6.91	\$11.92	\$10.03	\$15.39
35-39	\$8.31	\$14.02	\$11.53	\$17.49
40-44	\$10.61	\$17.32	\$13.73	\$20.89
45-49	\$14.21	\$22.82	\$17.33	\$26.29
50-54	\$20.91	\$32.82	\$24.03	\$36.29
55-59	\$30.61	\$47.52	\$33.83	\$50.99
60-64	\$44.11	\$67.72	\$47.33	\$71.19
65-69	\$61.41	\$93.52	\$64.53	\$97.09
70+	\$77.11	\$117.22	\$80.33	\$120.79

NON-TOBACCO \$20,000				
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
<25	\$7.21	\$12.42	\$11.43	\$17.09
25-29	\$9.01	\$14.82	\$13.03	\$19.49
30-34	\$10.81	\$17.82	\$14.83	\$22.29
35-39	\$13.61	\$22.02	\$17.83	\$26.49
40-44	\$18.21	\$28.62	\$22.23	\$33.29
45-49	\$25.41	\$39.62	\$29.43	\$44.09
50-54	\$38.81	\$59.62	\$42.83	\$64.09
55-59	\$58.21	\$89.02	\$62.43	\$93.49
60-64	\$85.21	\$129.42	\$89.43	\$133.89
65-69	\$119.81	\$181.02	\$123.83	\$185.69
70+	\$151.21	\$228.42	\$155.43	\$233.09

NON-TOBACCO \$30,000				
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
<25	\$9.31	\$15.62	\$14.53	\$21.39
25-29	\$12.01	\$19.22	\$16.93	\$24.99
30-34	\$14.71	\$23.72	\$19.63	\$29.19
35-39	\$18.91	\$30.02	\$24.13	\$35.49
40-44	\$25.81	\$39.92	\$30.73	\$45.69
45-49	\$36.61	\$56.42	\$41.53	\$61.89
50-54	\$56.71	\$86.42	\$61.63	\$91.89
55-59	\$85.81	\$130.52	\$91.03	\$135.99
60-64	\$126.31	\$191.12	\$131.53	\$196.59
65-69	\$178.21	\$268.52	\$183.13	\$274.29
70+	\$225.31	\$339.62	\$230.53	\$345.39

TOBACCO \$10,000				
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
<25	\$5.81	\$10.22	\$9.03	\$13.79
25-29	\$7.01	\$12.02	\$10.13	\$15.49
30-34	\$8.41	\$14.12	\$11.53	\$17.59
35-39	\$11.01	\$18.02	\$14.13	\$21.49
40-44	\$17.51	\$27.82	\$20.73	\$31.29
45-49	\$29.01	\$45.02	\$32.13	\$48.49
50-54	\$44.41	\$68.12	\$47.63	\$71.69
55-59	\$65.21	\$99.32	\$68.43	\$102.89
60-64	\$87.71	\$133.02	\$90.83	\$136.59
65-69	\$118.51	\$179.22	\$121.63	\$182.79
70+	\$140.51	\$212.22	\$141.63	\$215.79

TOBACCO \$20,000				
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
<25	\$8.61	\$14.42	\$12.83	\$19.09
25-29	\$11.01	\$18.02	\$15.03	\$22.49
30-34	\$13.81	\$22.22	\$17.83	\$26.69
35-39	\$19.01	\$30.02	\$23.03	\$34.49
40-44	\$32.01	\$49.62	\$36.23	\$54.09
45-49	\$55.01	\$84.02	\$59.03	\$88.49
50-54	\$85.81	\$130.22	\$90.03	\$134.89
55-59	\$127.41	\$192.62	\$131.63	\$197.29
60-64	\$172.41	\$260.02	\$176.43	\$264.69
65-69	\$234.01	\$352.42	\$238.03	\$357.09
70+	\$278.01	\$418.42	\$278.03	\$423.09

TOBACCO \$30,000				
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
<25	\$11.41	\$18.62	\$16.63	\$24.39
25-29	\$15.01	\$24.02	\$19.93	\$29.49
30-34	\$19.21	\$30.32	\$24.13	\$35.79
35-39	\$27.01	\$42.02	\$31.93	\$47.49
40-44	\$46.51	\$71.42	\$51.73	\$76.89
45-49	\$81.01	\$123.02	\$85.93	\$128.49
50-54	\$127.21	\$192.32	\$132.43	\$198.09
55-59	\$189.61	\$285.92	\$194.83	\$291.69
60-64	\$257.11	\$387.02	\$262.03	\$392.79
65-69	\$349.51	\$525.62	\$354.43	\$531.39
70+	\$415.51	\$624.62	\$414.43	\$630.39

GROUP CRITICAL ILLNESS INSURANCE

Importance of health and wellness checks

Health screenings are an important part of maintaining good health. Annual wellness visits, also called check-ups or physicals, typically include height and weight, blood pressure and pulse reading. Starting a dialogue about your health greatly improves the quality of your health care.



Tests covered by the screening benefit include:

- Abdominal aortic aneurysm ultrasonography
- Biopsies for cancer
- Blood test for lipids including total cholesterol, LDL, HDL, and triglycerides
- Bone marrow testing
- Bone density screening
- CA15-3 blood test for breast cancer
- CA 125 blood test for ovarian cancer
- Cancer genetic mutation test (BRCA)
- Carotid doppler
- CEA blood test for colon cancer
- Chest x-ray
- Colonoscopy
- CT angiography
- Double contrast barium enema
- Electrocardiogram
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Lymphocyte Genome Sensitivity Test (LGS) (universal blood test for cancer)
- Pap smear (including ThinPrep)
- PSA test
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer screening
- Stress test
- Testicular ultrasound
- Thermography
- Smoking cessation program
- Weight reduction program

The Health Screening Benefit, as shown in the Schedule of Benefits, is paid when an insured receives one or more of the following tests, on an outpatient basis, rendered by a physician. This includes a Wellness Test, physical exam or any additional generally medically accepted screening test received as an outpatient and used to evaluate risk or promote prevention of a covered condition.

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WAIVER OF PREMIUM – If You are Disabled, We will waive the premium that is owed by You for the coverage provided under this Certificate during the period that begins on the premium due date after You have been Disabled for three (3) months and ends on the earliest of the following to occur:

1. twenty-four (24) months after You become eligible for Waiver of Premium;
2. the date the Policy terminates;
3. the date You attain age sixty-five (65); and
4. the date You are no longer Disabled.

When the Waiver of Premium ceases, coverage will continue under the Policy provided that premiums continue to be paid and Your coverage has not ended in accordance with the Termination provision.

CONTINUATION OF COVERAGE DURING A STRIKE OR LAYOFF: Yes

CRITICAL ILLNESS BENEFITS

We will pay the applicable Critical Illness Benefit Amount shown in the Schedule of Benefits for the first time an Insured is Diagnosed with any one of the Critical Illnesses after the Insured's effective date of coverage. The Critical Illness Benefit Amount must not have been previously paid for any Critical Illnesses. The Critical Illness must also not be excluded by name or specific description

SEPARATION PERIOD (NEW CONDITION)

If, after the first Critical Illness Benefit Amount is paid, the Insured is Diagnosed with a different Critical Illness, We will pay the Critical Illness Benefit Amount shown in the Schedule

of Benefits for that additional Critical Illness if: 1. the additional Critical Illness is Diagnosed more than 6 months after the date of Diagnosis for the most recently Diagnosed Critical Illness; and 2. the additional Critical Illness is not excluded by name or specific description. There is no limit on the number of additional Critical Illnesses payable. If an additional Critical Illness is Diagnosed during the 6 months after the date of Diagnosis for the most recently Diagnosed Critical Illness, a benefit amount (if any) will be payable as follows: 1. the additional Critical Illness Benefit Amount shown in the Schedule of Benefits that is otherwise payable; less 2. the Critical Illness Benefit Amount paid for the most recently Diagnosed Critical Illness.

REOCCURRENCE (SAME CONDITION)

If a Critical Illness Benefit Amount is paid for an initial Critical Illness and the Insured is subsequently Diagnosed with the same Critical Illness, We will pay the Critical Illness Benefit Amount previously paid multiplied by the Critical Illness Recurrence Amount shown in the Schedule of Benefits if: 1. the subsequent Diagnosis is more than 6 months after the date of Diagnosis of the initial Critical Illness; and 2. the subsequent Diagnosis of a Critical Illness is not excluded by name or specific description. There is no limit on the number of recurrent Critical Illnesses payable. Once a recurrent Critical Illness has been paid, no further benefits for that same Critical Illness will be payable.

Only one Critical Illness Benefit Amount is payable per day. If multiple Critical Illness Benefit Amounts would otherwise be payable, only one Critical Illness Benefit Amount, the highest, will be payable.

The total number of claims payable as a wellness benefit in any one plan year is subject to the maximum number of Wellness Benefits shown in the Schedule of Benefits.



670,000

In 2020, total deaths in the U.S. had hypertension as a primary or contributing cause.

<https://bit.ly/3x0coUN>

Limitations & Exclusions

GROUP CRITICAL ILLNESS INSURANCE

EXCLUSIONS: No benefits for Treatment, Diagnosis, or other services are payable under the Policy for any Critical Illness that is contributed to, caused by, or resulting from:

1. any condition, sickness, or illness that does not satisfy the definition of a Critical Illness;
2. a Critical Illness occurring prior to the Insured's effective date of coverage;
3. suicide or attempted suicide, while sane or insane, or intentional self-inflicted injury or sickness;
4. an Insured's use of a controlled substance (unless administered by a Physician or taken according to the Physician's instructions) or while intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs;
5. Treatment that is not Medically Necessary;
6. committing, or attempting to commit, an assault or felony, or while being incarcerated in any type of penal institution;
7. Diagnosis, services, or Treatment provided by a Family Member;
8. Diagnosis or Treatment received outside the United States, its territories, or Canada;
9. declared war or any act of declared war;
10. cosmetic surgery or Lasik surgery including complications thereof. Reconstructive surgery related to a Covered Condition is eligible for coverage; or
11. combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations.

Critical Illness policy form GCIP21AAEB underwritten by Bankers Fidelity Life Insurance Company®. **A Waiting Period applies.** Limitations and exclusions apply; the terms and conditions in the actual policy and certificate provisions control. Rates are subject to change. Refer to the specific policy and certificate for details. Application to determine eligibility may be required. The Policy, any optional Riders and the benefits therein are subject to availability and may vary by state. This is only a summary of products and services offered; actual offerings may vary by group size and other underwriting or legal considerations. This is a solicitation of insurance and an independent agent may call on you.

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Group Customer Care

(866) 458-7502

groupcustomercare@atlam.com

aaemployeebenefits.com



Easy access to coverage and filing claims

MyCoverage® is an easy-to-use website that allows you to view coverage and benefit information, file claims and download forms 24/7.

mycoverage.atlam.com