

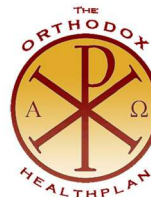


Critical Illness Insurance

Critical Illness Insurance Plan Description

Critical Illness Insurance pays a covered person benefits upon experiencing a diagnosis with a covered disease or condition as defined. Critical Illness Insurance is a limited benefit policy. It is not health care insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. *(Specific Benefit Provisions may vary by state.)*

Feature and Plan Provision	
Benefit Amounts and Limits	
Critical Illness Benefit Amounts	<p>Voluntary</p> <p>Employee Amount: Choice of \$5,000 or \$10,000 or \$20,000</p> <p>Employee Guaranteed Issue Limit: All coverage is Guaranteed Issue</p> <p>Spouse Amount: 50% of the Employee's elected benefit amount</p> <p>Spouse Guaranteed Issue Limit: None, all coverage is Guaranteed Issue</p> <p>Child Amount: 25% of the Employee's elected benefit amount</p> <p>Child Guaranteed Issue Limit: None, all coverage is Guaranteed Issue</p>
Recurrence Benefit Amount	<p>100% of the initial benefit paid</p> <p>There is no limit on the number of Recurrence Benefits Payable.</p>
Lifetime Maximum Benefit Amount	No Maximum
Number of Eligible Employees	722
Eligibility Assumptions	<p>Employee: All active, Full-Time and Part-Time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States.</p> <p>Spouse: Can be covered if the employee enrolls. "Spouse" may include a Partner as recognized by the law of the state in which the Employee resides.</p> <p>Child: All eligible children from birth to age 26 can be covered if the employee enrolls.</p>
Eligibility Waiting Period	30 Days
Rate Guarantee	3 Years
Payment Method	Self-Administered
Premium Type	Employee-Paid
Participation Requirements	Waived
Enrollment Assumptions	See Assumptions and Underwriting Considerations for details
Portability	Included
Tax Basis	Post-Tax
Commissions	20%
Case Type	Takeover
Preexisting Condition Limitation	None - Waived
Separation Periods	<p>Separation Periods are the required timeline between claim types in order to pay out another Critical Illness benefit</p> <p>Additional Critical Illness Benefit - Subsequent (Different) Diagnosis: No separation period; however, the subsequent diagnosis must occur while coverage is inforce.</p> <p>Recurrence - Subsequent (Same) Diagnosis: Covered Illnesses and Conditions (excluding certain Cancer-Related conditions): 90 Days must separate the diagnosis of the same Critical Illness for which a Critical Illness benefit was previously paid. Non-Invasive Cancer, Invasive Cancer, and Skin Cancer: 180 Days must separate the diagnosis of the same Critical Illness for which a Critical Illness benefit was previously paid.</p>
Waiver of Premium	Not Included
Value Added Services	Included - See Assumptions and Underwriting Considerations for additional details



Critical Illness Insurance

Critical Illness Insurance Benefit Plan Summary

The following outlines the Benefit plan. Benefits are payable once per Covered Accident per Covered Person unless otherwise stated. *(Benefit provisions may vary by state.)*

Benefit Plan Summary	
CORE CRITICAL ILLNESS CONDITIONS	
Stroke	100%
Heart Attack (a Sudden Cardiac Arrest is not a Heart Attack)	100%
Coronary Artery Disease (with Bypass)	25%
Coronary Artery Disease (with Coronary Intervention)	25%
Major Organ Failure	100%
End Stage (Renal) Kidney Failure	100%
CANCER RELATED CONDITIONS	
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	2.5%
MORE DISEASES AND CONDITIONS	
<i>Functional Loss</i>	
Loss of Sight - total and irreversible loss	100%
Paralysis - Permanent loss, quadriplegia, paraplegia, hemiplegia, or diplegia	100%
<i>Progressive Diseases</i>	
Amyotrophic Lateral Sclerosis (ALS)	100%
HEALTH SCREENING BENEFIT	
Health Screening Benefit payable once per calendar year per Covered Person <i>(see Definitions for eligible health screenings)</i>	\$50





Critical Illness Insurance

Assumptions and Underwriting Considerations

- **Recurrence.** While the proposal includes the Recurrence Provision, by definition, not all selected benefits in the plan design are available for the Recurrence Provision and may only be payable once per covered person, upon initial diagnosis. For purposes of the Recurrence Provision, the following benefits, whether named or unnamed in this proposal, are not available: Loss of Hearing, Loss of Sight, Loss of Speech, Paralysis, Occupational Hepatitis, Occupational HIV, critical illnesses categorized as Progressive Disease or critical illnesses categorized as Childhood Diseases and Conditions.
- **Value Added Services - Health Care Support** - Trained Health care advocates and registered nurses who will partner with you to effectively navigate your health care plan and provide support for your health care questions and concerns.¹
- **Enrollment:** Enrollment events include enrollment during the initial enrollment period, during the annual group enrollment period, new hires or for life status change events. Late entrants are not allowed, but may enroll during the next annual enrollment period or life status change event.
- **This is not a contract.** This proposal outlines some of the important features of the proposed group insurance program. The controlling provisions will be in the group insurance policy, and this proposal is not intended in any way to modify the provisions or their meanings. If you decide to purchase the plan proposed here, we will send you a policy that fully describes all of the provisions of the Critical Illness Insurance coverage to which you and New York Life Insurance and Annuity Corporation (New York Life) have agreed. To accept the terms of this proposal, you must notify New York Life Group Benefit Solutions of your acceptance by that date, and pay premium equal to the Total Basic Estimated Monthly Cost on the Schedule of Benefits Summary. This proposal may be withdrawn by NYL GBS at any time before acceptance.
- **Policy on Rate Changes.** The rates and fees quoted within the proposal are based on information furnished to NYL GBS for the purposes of developing a proposal of group insurance. NYL GBS has assumed that the demographic and plan design information provided will be an accurate representation of your company at the time of implementation. Premium rates are guaranteed as noted in the product schedule of benefits. These rates and the guarantee assume that the number of eligible or insured employees does not change by more than 15% from the date of the census provided.
- **Policy on Contractual Language.** NYL GBS' contract language will be used without modification. NYL GBS will attempt to match the intent of disclosed policy provisions at the time of quote, but will not duplicate the existing policy language.
- **Producer Compensation.** The rate includes a commission payable on collected premiums in the amount outlined in the Features and Plan Provisions section. NYL GBS may have entered into, or may enter into, agreements with brokers, under which we compensate brokers for providing marketplace intelligence and other services intended to enhance the effectiveness of our business. NYL GBS may invite brokers to participate in events sponsored by us for the same purposes. Any compensation paid may be based on meeting targets for new business production and persistency, and, if paid, is funded from the insurance company's overhead and is based on the broker's overall book of business with the insurance company. Any such payments are separate from commission and, if applicable, will be included in ERISA Form 5500, Schedule A information provided by the insurance company.
- **Policy on Package Rates.** Prices quoted for employer-paid and voluntary/employee-paid benefits are offered as a package. It is possible that a portion of the cost of employer-paid insurance is borne by premiums for voluntary/ employee-paid insurance. When we provide such a quote it presumes that packaged coverages are part of a single ERISA plan. Upon request, we can quote on an alternative basis.

¹ These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. This service is provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law.



Critical Illness Insurance

Exclusions and Limitations (may vary by state)

Critical Illness Insurance will not cover loss caused or contributed by:

PREEXISTING CONDITION LIMITATION:

None, the selected plan design does not include a Preexisting Condition Limitation

EXCLUSIONS

None



GROUP BENEFIT
SOLUTIONS



Critical Illness Insurance

Plan Definitions

This section highlights certain benefit descriptions/definitions in alphabetical order. *(Contact your NYL GBS representative for a sample Critical Illness insurance certificate for more details regarding the benefit provisions and definitions outlined in this proposal. Specific benefit provisions may vary by state.)*

Plan Definitions	
Health Screening Benefit	<p>Each Covered Person who receives a covered Health Screening service is covered for an annual benefit, as determined by the option elected by the client, for completing a covered Health Screening service. The benefit is only payable once per day even if multiple Health Screenings are provided in a single day. Refer to the Critical Illness Insurance Benefit Plan Summary for details.</p> <p>Eligible screenings include: safety/injury prevention class; mental health screening; baseline concussion screening; abdominal aortic aneurysm ultrasonography; blood test for lipids including total cholesterol, LDL, HDL, and triglycerides; bone marrow testing, bone density screening; breast ultrasound or mammography; CA15-3 blood test for breast cancer; CA 125 blood test for ovarian cancer; carotid doppler; CEA blood test for colon cancer; chest x-ray; colonoscopy; electrocardiogram; double contrast barium enema; fasting blood glucose test; flexible sigmoidoscopy; hemoccult stool analysis; mammogram; pap smear, (including ThinPrep); PSA; serum cholesterol test to determine level of HDL and LDL; serum protein electrophoresis (blood test for myeloma); stress test; thermography; CT angiography; Testicular Ultrasound; Smoking Cessation Program; Weight Reduction Program; Cancer Genetic Mutation Test (BRCA); Skin Cancer Screening; Biopsies for Cancer; Lymphocyte Genome Sensitivity Test (LGS) (universal blood test for cancer); Routine Eye Exam; Routine Dental Exam; Hearing Screening; Well child/preventative exams age 1 to 18; Adult annual exam; Biometric Screenings; Wellness Fair; Immunizations; any other medically accepted health screening examination.</p>
Portability	<p>Employees have the ability to continue all or some of their insurance coverage when they leave employment to help prevent coverage gaps and promote employee well-being. Coverage will be ported to the plan that was in place as an active employee. Some state variations may apply.</p>





Critical Illness Insurance

Critical Illness Insurance Rates

Employee		
Monthly Rate Per \$1,000 of Elected Benefit Amount		
Rate Guarantee: 3 Years		
Employee Attained Age *	Non-Tobacco	Tobacco
0 - 24	\$0.19	\$0.25
25 - 29	\$0.23	\$0.33
30 - 34	\$0.28	\$0.44
35 - 39	\$0.40	\$0.73
40 - 44	\$0.54	\$1.05
45 - 49	\$0.86	\$1.78
50 - 54	\$1.48	\$2.89
55 - 59	\$2.25	\$4.28
60 - 64	\$3.05	\$5.52
65 - 69	\$3.71	\$6.05
70 - 74	\$5.10	\$8.01
75 - 79	\$7.36	\$10.07
80 - 84	\$9.11	\$12.19
85 - 99	\$12.72	\$15.03

*Rates will increase when the Employee reaches a new age band. Rates are subject to change.

Spouse		
Monthly Rate Per \$1,000 of Elected Benefit Amount		
Rate Guarantee: 3 Years		
Spouse Attained Age *	Non-Tobacco	Tobacco
0 - 24	\$0.40	\$0.52
25 - 29	\$0.48	\$0.69
30 - 34	\$0.69	\$1.10
35 - 39	\$1.04	\$1.91
40 - 44	\$1.41	\$2.70
45 - 49	\$2.14	\$4.34
50 - 54	\$3.16	\$6.31
55 - 59	\$4.45	\$8.67
60 - 64	\$5.95	\$11.02
65 - 69	\$7.37	\$12.84
70 - 74	\$10.42	\$17.15
75 - 79	\$13.78	\$20.55
80 - 84	\$16.77	\$24.95
85 - 99	\$23.67	\$29.05

*Rates will increase when the Spouse reaches a new age band. Rates are subject to change.

Child(ren)	
Monthly Rate Per \$1,000 of Elected Benefit Amount	
Rate Guarantee: 3 Years	
Composite Rate	\$0.10