



# CCSD Critical Illness Plan

## *What it's all about*

**What is it for?** The Critical Illness Plan is designed to pay you a lump sum of money immediately if you are diagnosed with any of the following major illnesses: cancer, heart attack, stroke, coma, major organ failure, permanent paralysis, end kidney failure and coronary artery bypass.

Keep in mind that these, and all illnesses, are covered by all the State Health Benefit Plan options. Payments from the Critical Illness Plan can be used in any way you choose: to pay your deductibles, co-insurance, and other out-of-pocket medical costs or to pay someone to mow your lawn. It's entirely up to you.

The plan will also pay you a "wellness benefit" of \$50 each year for completing a health screening. Your annual physical and biometric screening under State Health will qualify you!

### How Does It Work?

- You select a benefit of \$5,000—\$30,000 in \$5,000 increments
- If you elect coverage of any amount, you can cover your spouse for any amount.
- Coverage is also available for dependent children. You may purchase a benefit of \$2,500 of \$5,000 on your child or children
- The cost of the plan is based on your (and/or your spouse's age and whether you use tobacco. Your rate will not change as you get older unless you buy additional coverage, then all your coverage will be purchased at the older age rate.
- All coverage is *guaranteed issue* meaning there are no medical questions. You may sign up at any open enrollment without medical questions. The only requirement is that the initial diagnosis of the illness take place while you are covered by the plan.

### Rules and Limitations

This is just a summary aimed at giving you a simple way to understand the purpose of this coverage and how it works. It is not intended to provide every provision of the Plan. Only the official plan documents govern the plan's operation.

### Other Elements of the Plan

*Restoration of Benefits:* This provision enables you to receive a second benefit if diagnosed with a different covered condition after 12 months. This does not apply to a second cancer diagnosis.

*Recurrence Provision:* This provision enables you to receive a second benefit for the same condition if it recurs after a 12-month period. This does not apply to a second cancer diagnosis.

## *Tips for Maximizing your Benefit Dollars*

This plan should be considered a supplemental plan to State Health, not a substitute for that coverage.

Since the plan covers the most common major illnesses, and the cost is quite low, it could be used in conjunction with the Bronze HRA Plan option, for example, for folks that want to minimize their premium payment to State Health but still be prepared for a large, unexpected illness.

This plan does not meet your requirement to have health coverage under the Affordable Care Act (Obamacare). So you will need to have other medical coverage (like State Health) to comply with the law.