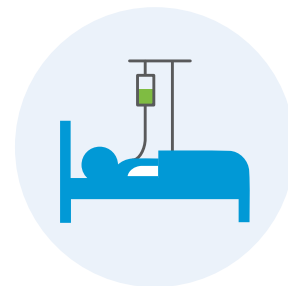


A critical illness diagnosis can happen at any time. Are you protected?



If the unexpected happens to you, the last thing you want to worry about are expenses. But even after your medical insurance pays its portion, you could be facing unplanned bills for deductibles, copays and coinsurance. EssentialCare Group Critical Illness Insurance provides fixed payments that can help you manage these costs by providing a cash benefit for covered expenses. Use the money however you wish, so you can focus on your recovery, not your bills.

How does Critical Illness Insurance work?

Critical Illness Insurance can supplement existing coverage and provide cash to help cover medical and living expenses. Below is an example of how benefits might be paid.*

Critical Illness Insurance

Provides a lump-sum benefit to help cover the costs of life-changing illnesses and/or health events.

A 45-year-old woman is diagnosed with invasive cancer. Two years later, she is diagnosed with coronary artery disease and needs an angioplasty procedure.

Invasive cancer (100% of policy face amount)	\$20,000
Angioplasty (25% of policy face amount)	\$5,000

TOTAL	\$25,000

*Payouts are estimates and not guaranteed. The examples shown may vary from the plan offering. Your individual experience may also vary. Benefits paid are determined based on individual situations. Terms, conditions, and exclusions apply. See full policy for details.

How might you use these benefits?

Payments can be used for major medical copays and deductibles, or even things like transportation, child care, housekeeping help, or whatever else you may need.

How you use the money is up to you!

Why EssentialCare Group Critical Illness?

- ✓ Easy to enroll through a self-service platform
- ✓ Benefits are paid directly to you to spend as you see fit
- ✓ Fast payment with simplified claims process

BCS EssentialCare insurance is underwritten by BCS Insurance Company, Worthington, OH (Administrative Offices: Oakbrook Terrace, IL). Employees must be actively at work to be eligible for EssentialCare policies. Some states may have minimum coverage requirements. See policy documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Features and availability vary by location, and are subject to change.

ESSENTIALCARE PRODUCTS ARE LIMITED BENEFIT POLICIES—READ YOUR POLICY CAREFULLY. THESE POLICIES ARE NOT MAJOR MEDICAL INSURANCE AND ARE NOT INTENDED TO BE A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

Critical Illness Plan Options

Benefit Face Amount	Option 1	Option 2	Option 3
Face Amount	\$5,000	\$10,000	\$20,000
Spouse	100%	100%	100%
Child	50%	50%	50%
Critical Illness Benefit Triggers			
Addison's Disease	25%	25%	25%
Amyotrophic Lateral Sclerosis (ALS)	100%	100%	100%
Benign Brain Tumor	100%	100%	100%
Bone Marrow Transplant	100%	100%	100%
Carcinoma In Situ	50%	50%	50%
Coronary Artery Disease (Angioplasty or Atherectomy)	25%	25%	25%
Coronary Artery Disease (Bypass Surgery)	50%	50%	50%
Encephalitis	25%	25%	25%
End-Stage Renal Failure	100%	100%	100%
Heart Attack	100%	100%	100%
Heart Valve Surgery	100%	100%	100%
Huntington's Disease	25%	25%	25%
Invasive Cancer	100%	100%	100%
Legionnaire's Disease	25%	25%	25%
Loss of Hearing	100%	100%	100%
Loss of Sight	100%	100%	100%
Loss of Speech	100%	100%	100%
Malaria	25%	25%	25%
Meningitis	25%	25%	25%
Myasthenia Gravis	25%	25%	25%
Necrotizing Fasciitis	25%	25%	25%
Occupational Hepatitis	100%	100%	100%
Occupational HIV	100%	100%	100%
Osteomyelitis	25%	25%	25%
Permanent Paralysis	100%	100%	100%
Scleroderma	25%	25%	25%
Stroke	100%	100%	100%
Sudden Cardiac Arrest	100%	100%	100%
Systemic Lupus Erythematosus	25%	25%	25%
Advanced Alzheimer's	100%	100%	100%
Advanced Parkinson's Disease	100%	100%	100%
Coma	100%	100%	100%
Minimum Continuous Comatose Period	15 Days	15 Days	15 Days
Major Organ Failure	100%	100%	100%
Multiple Sclerosis	100%	100%	100%
Skin Cancer	\$500	\$500	\$500
Childhood Condition Triggers			
Cerebral Palsy	100%	100%	100%
Cleft Lip / Cleft Palate	100%	100%	100%
Cystic Fibrosis	100%	100%	100%
Down Syndrome	100%	100%	100%
Muscular Dystrophy	100%	100%	100%
Sickle Cell Anemia	100%	100%	100%
Spina Bifida	100%	100%	100%
Type I Diabetes	100%	100%	100%
Severe Mental Illness Rider Benefits			
Severe Major Depressive Disorder			
Hospitalization Benefit	\$500	\$1,000	\$2,000
Reoccurrence	100%	100%	100%
Severe Bipolar I Disorder			
Hospitalization Benefit	\$500	\$1,000	\$2,000
Reoccurrence	100%	100%	100%
Schizophrenia			
Hospitalization Benefit	\$500	\$1,000	\$2,000
Reoccurrence	100%	100%	100%
Obsessive-Compulsive Disorder (OCD)			
Hospitalization Benefit	\$500	\$1,000	\$2,000
Reoccurrence	100%	100%	100%
Gene Therapy Rider Benefits			
Employee	100%	100%	100%
Spouse	100%	100%	100%
Child(ren)	100%	100%	100%
Plan Features			
Pre-Existing Condition Limitation (months)	Waived	Waived	Waived
Portability	Included	Included	Included
Employer vs. Employee Paid	Employee Paid	Employee Paid	Employee Paid
Rate Guarantee Period	3 Years	3 Years	3 Years
Underwriting	Guarantee Issue	Guarantee Issue	Guarantee Issue
Benefit Waiting Period	Not Included	Not Included	Not Included
Reduction in Benefits at Older Ages	Not Included	Not Included	Not Included
Critical Illness Reoccurrence Benefit - Employee/Member (Payable Unlimited Times)	100% of Face Amount	100% of Face Amount	100% of Face Amount
Spouse	100% of Face Amount	100% of Face Amount	100% of Face Amount
Child	100% of Face Amount	100% of Face Amount	100% of Face Amount
Additional Critical Illness Benefit	Payable Unlimited	Payable Unlimited	Payable Unlimited
Waiver of Premium	24 Months	24 Months	24 Months
Elimination Period	3 Months	3 Months	3 Months

Premium Rates

Biweekly Attained Age Premium Rates

Option 1 Uni-Tobacco

Age Band	Employee Only	Employee and Spouse	Employee and Child	Family
18 - 24	\$0.40	\$0.95	\$0.40	\$0.95
25 - 29	\$0.54	\$1.21	\$0.54	\$1.21
30 - 34	\$0.70	\$1.51	\$0.70	\$1.51
35 - 39	\$0.96	\$2.04	\$0.96	\$2.04
40 - 44	\$1.42	\$2.97	\$1.42	\$2.97
45 - 49	\$2.13	\$4.45	\$2.13	\$4.45
50 - 54	\$3.21	\$6.71	\$3.21	\$6.71
55 - 59	\$4.20	\$8.81	\$4.20	\$8.81
60 - 64	\$5.73	\$12.03	\$5.73	\$12.03
65 - 69	\$7.86	\$16.48	\$7.86	\$16.48
70+	\$12.13	\$25.31	\$12.13	\$25.31

Option 2 Uni-Tobacco

Age Band	Employee Only	Employee and Spouse	Employee and Child	Family
18 - 24	\$0.80	\$1.87	\$0.80	\$1.87
25 - 29	\$1.06	\$2.37	\$1.06	\$2.37
30 - 34	\$1.36	\$2.95	\$1.36	\$2.95
35 - 39	\$1.87	\$3.97	\$1.87	\$3.97
40 - 44	\$2.77	\$5.79	\$2.77	\$5.79
45 - 49	\$4.15	\$8.65	\$4.15	\$8.65
50 - 54	\$6.24	\$13.05	\$6.24	\$13.05
55 - 59	\$8.15	\$17.11	\$8.15	\$17.11
60 - 64	\$11.12	\$23.35	\$11.12	\$23.35
65 - 69	\$15.26	\$32.00	\$15.26	\$32.00
70+	\$23.67	\$49.35	\$23.67	\$49.35

Option 3 Uni-Tobacco

Age Band	Employee Only	Employee and Spouse	Employee and Child	Family
18 - 24	\$1.54	\$3.61	\$1.54	\$3.61
25 - 29	\$2.06	\$4.59	\$2.06	\$4.59
30 - 34	\$2.63	\$5.72	\$2.63	\$5.72
35 - 39	\$3.64	\$7.72	\$3.64	\$7.72
40 - 44	\$5.38	\$11.21	\$5.38	\$11.21
45 - 49	\$7.85	\$16.29	\$7.85	\$16.29
50 - 54	\$11.54	\$24.01	\$11.54	\$24.01
55 - 59	\$15.24	\$31.86	\$15.24	\$31.86
60 - 64	\$20.84	\$43.58	\$20.84	\$43.58
65 - 69	\$28.43	\$59.43	\$28.43	\$59.43
70+	\$44.34	\$92.25	\$44.34	\$92.25

Limitations and Exclusions

These are the standard limitations and exclusions and may vary by plan design selected and state requirements.

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:

- any condition, sickness, or illness that does not satisfy the definition of a critical illness;
- a critical illness, as listed in the benefit schedule, occurring prior to the policy effective date of coverage for an insured;
- suicide or attempt at suicide, or intentional self-inflicted injury or sickness;
- an insured's use of a controlled substance (unless administered by a doctor or taken according to the doctor's instructions) or while intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs;
- participating in any sport or sporting activity for wage, compensation or profit;
- commission of or attempt to commit an assault or felony;
- engaging in an illegal activity or occupation;
- diagnosis, services, or treatment provided by a family member;
- active service, training, or duty in the armed forces, national guard or reserves of any state or country and for which any governmental body or its agencies are liable;
- diagnosis or treatment incurred outside the United States or its territories, unless the insured receives treatment for the critical illness in the United States or Canada within the time frame stated in the certificate;
- declared war or any act of declared war;
- travel in or descent from an aircraft, except while a fare-paying passenger;
- services or treatment for which there is no charge, unless there is no charge because the facility is a United States government facility;
- elective or cosmetic surgery;
- an experimental major human organ transplant.

Severe Mental Illness Rider

1. All exclusions in the certificate apply to the benefits specified in the Severe Mental Illness Rider with the exception of the exclusion for attempted suicide or self-inflicted injury. A severe mental illness episode for which a benefit would otherwise be payable under Severe Mental Illness Rider will not be excluded because an insured attempts suicide or suffers a self-inflicted injury as a result.
2. In addition, we will not pay benefits for a severe mental illness episode that is caused, or contributed to by, the insured's failure to use medication for the treatment of a known severe mental illness in the manner directed by the prescribing doctor. This includes failure to take prescribed medications as well as taking such prescriptions in a dosage, frequency, or other manner inconsistent with the prescribing doctor's instructions.

Gene Therapy Rider Limits and Exclusions

Benefits under this Rider will be paid only upon the first Gene Therapy treatment received by an insured. Once per lifetime per insured.

Critical Illness FAQs

What is Critical Illness Insurance?

Critical Illness Insurance is supplemental to your primary health plan and helps you pay for out-of-pocket medical and non-medical costs resulting from a critical illness diagnosis. Your plan provides lump-sum cash benefits that are paid directly to you, and not the doctors and hospitals.

I have a medical plan through work. Why would I need additional coverage for accidents and illnesses?

Critical illnesses can happen anytime, to anyone and when you least expect them—and they can be costly. Even quality medical coverage can leave you with extra expenses. Things like plan deductibles, copays and out-of-network care can add up fast. Having the financial support you need when the time comes can mean less worry for you and your family.

What types of illnesses are covered under this plan?

For more information on your company's plan, see the specific product information, review the company's open enrollment guides or reach out to your HR department.

What happens if I have a recurrence?

Your plan pays a Recurrence Benefit for the following covered conditions: heart attack, stroke, coronary artery bypass graft, full benefit cancer, partial benefit cancer and all other cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

Is there a waiting period before my coverage begins?

No. This coverage will be effective at the beginning of your benefit period as long as you are actively at work. However, if you have pre-existing conditions, there is a separate waiting period as outlined in the certificate.

Can I enroll without having to take a medical exam?

Yes. EssentialCare Critical Illness Insurance is guaranteed issue, which means your acceptance is guaranteed, regardless of your health. You just need to be actively at work for your coverage to be effective. There are no medical exams to take and no health questions to answer.

Can I increase my coverage at any time if I continue my coverage on an individual basis?

No. The option to change your coverage is only available during open enrollment.

How long do I have to file a claim?

There is a one-year timely filing provision in your certificate. Please review the provision and call us with any questions.

What if I want to cancel my coverage?

You can cancel at any time. Call our Customer Service Center at 877-563-2367 or contact your human resources representative for cancellation procedures.

Will my benefit checks be payable to me?

Benefits will be paid directly to you, the insured, unless otherwise required by law or otherwise assigned.

Are my benefits taxable?

If you pay premiums under a flexible benefits plan with pre-tax dollars, or if your employer pays part or all of your premiums, some of the benefits you receive may be taxable. Therefore you may receive a W2 form from your employer that will include the taxable benefit amounts you received. In addition, a 1099 form will be sent to the insured if a benefit of more than \$10,000 is provided. If you have questions about taxability of benefits, discuss them with your employer or tax advisor.

How do I submit my claim form for processing?

Electronic (Preferred submission method):
Log into the BCS Gateway portal at <https://bcsgateway.com/>
Submit your documentation through the **Message Center**

Email:

Emails must be sent securely according to your domain
BCSservice@bcscf.com

Mail:

BCS Insurance Company
2 Mid America Plaza Suite 200
Oakbrook Terrace, IL 60181

Fax:

630-869-0655

Whom do I call with questions about my coverage?

Call our Customer Service Center at 877-563-2367. Each of our representatives is prepared to address questions about your insurance.

Questions? Contact Customer Service Center at 877-563-2367.