



Group Critical Illness Insurance Coverage

SUMMARY OF BENEFITS

Sponsored by: Region 14 Co-op

Critical Illness insurance coverage provides a cash benefit to the policyholder when an insured person has a covered illness or event.

Eligibility All employees in an eligible class. Issue Ages 17-70

Critical Illness Base Coverage	
Benefit Description	Benefit Amount
Maximum Principal Sum Employee	Choice of \$5,000 - \$10,000
Spouse	\$5,000
Spouse Principal Sum cannot exceed the Employee Principal Sum	
Child	25% of Principal Sum
Child Principal Sum cannot exceed the Employee Principal Sum	
Guarantee Issue Employee	\$10,000
Spouse	\$5,000
Child	All Guarantee Issue
<i>Lincoln CareCompassSM</i> Category	
Critical Illness Assessment Benefit	\$50
Child Care Expense Benefit (per insured dependent)	\$25
Heart Category	Percent of Principal Sum
Heart Attack, Heart Transplant, Stroke	100%
Arteriosclerosis, Aneurysm	10%
Organ Category	Percent of Principal Sum
End Stage Renal Failure, Major Organ Transplant	100%
Acute Respiratory Distress Syndrome	25%
Quality of Life Category	Percent of Principal Sum
ALS/Lou Gehrig's Disease, Advanced Alzheimer's Disease, Advanced Parkinson's Disease	100%
Advanced MS, Loss of Sight, Hearing, or Speech	25%
Lifetime Category Maximum (Category Recurrence)	200%
Additional Category Occurrence	100% payable benefit
Benefit Waiting Period	None
Pre-existing Period	12/12
Benefit Reduction	None

Cost Summary - Critical Illness Base Coverage Cost

Employee premiums are based on employee actual age.
Spouse premiums are based on Spouse actual age.

Non-Tobacco Monthly Premium per benefit amount for Employee

Issue Age	\$5,000	\$10,000
17-30	\$2.23	\$4.44
31-40	\$3.34	\$6.66
41-50	\$6.40	\$12.77
51-60	\$10.39	\$20.75
61-70	\$18.17	\$36.33

*Child Dependent coverage offered at no additional cost.

Tobacco Monthly Premium per benefit amount for Employee

Issue Age	\$5,000	\$10,000
17-30	\$3.11	\$6.20
31-40	\$5.87	\$11.71
41-50	\$11.32	\$22.62
51-60	\$19.48	\$38.93
61-70	\$33.13	\$66.24

*Child Dependent coverage offered at no additional cost.

Non-Tobacco Monthly Premium per benefit amount for Spouse

Issue Age	\$5,000
17-30	\$2.23
31-40	\$3.34
41-50	\$6.40
51-60	\$10.39
61-70	\$18.17

Tobacco Monthly Premium per benefit amount for Spouse

Issue Age	\$5,000
17-30	\$3.11
31-40	\$5.87
41-50	\$11.32
51-60	\$19.48
61-70	\$33.13

* The policy is guaranteed renewable. The insurer has the right to increase premium rates on any policy anniversary after the Policy's first anniversary, for all policies of like class. Any insurance continued under the portability provision terminates at age 90.

** This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency

Exclusions

A benefit will not be paid under this policy when:

- A category maximum has been reached (for that Category, coverage will automatically terminate). If *Lincoln CareCompass*SM is the only remaining Category, coverage will be terminated.
- A new Category Occurrence happens within 90 days of another payable event in a different category.
- A Category Recurrence happens within 180 days of another payable event in the same category.
- Diagnosis occurs after policy termination.
- The diagnosis is deemed a pre-existing condition.
- The diagnosis of any Child Category event and or any Quality of Life Category event prior to the effective date of coverage.
- An event was caused by self-inflicted injury, self destructive, suicide or attempting any of these, whether sane or insane.
- An event occurs during the attempt or commission of a felony, whether charged or not.
- An event occurs during an act of war (which is not terrorism), participation in a riot, insurrection or rebellion of any kind.
- An event occurs while serving as a member of any armed forces or auxiliary unit.
- An event occurs after the insured had resided outside of the US, Mexico, or Canada for 12 or more months.
- An event occurs while the insured was incarcerated in any type of penal facility.

For assistance or additional information Contact Lincoln Financial Group at	
(800) 423-2765; reference ID: SNYDERISD	www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your coverage, other items may summarize our standard product features and not the specific features of your coverage. 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 policy will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the policy, the policy will govern.

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