



Full-Time and Regular Part-Time Employees at Maine Veterans' Homes

Benefits At-A-Glance

Critical Illness Insurance

The Lincoln Critical Illness Insurance plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event while insured under this plan
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for Maine Veterans' Homes employees
- Includes access to a Personal Health Advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

Coverage for you

Critical Illness Insurance Employee	
Guaranteed coverage amount	\$20,000
Maximum coverage amounts	Choice of \$10,000, \$15,000, and \$20,000

Guaranteed Coverage Amounts

- You can choose from the coverage amounts above without providing evidence of insurability (documentation of your health history). Amounts above the guaranteed amount will require evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required.

Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance Spouse	
Guaranteed coverage amounts	\$10,000
Maximum coverage amounts	Choice of \$5,000, \$7,500, and \$10,000 (up to 50% of the employee coverage amount)

Guaranteed Coverage Amounts

- You can choose from the coverage amounts for your spouse without providing evidence of insurability (documentation of your spouse's health history). Amounts above the guaranteed amount will require evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required.

Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

Critical Illness Insurance Dependent Children	
Guaranteed coverage amounts	\$2,500, \$5,000, and \$10,000 (up to 50% of the employee coverage amount)

Guaranteed Coverage Amounts

- You can choose from the coverage amounts above for your dependent children.

No money is due at enrollment. Your premium simply comes out of your paycheck.

Core Benefits

Covered Conditions	
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
Renal (kidney) failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	30%
Additional Childhood Conditions	
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 diabetes	100%
Supplemental Conditions	
Advanced COPD	100%
AIDS	100%
Accidental Injuries Benefit	
Severe burns, permanent paralysis or traumatic brain injuries	100%
Additional Plan Feature(s)	
Health Advocate Services	Included
Portability	Included

Note: See the policy for details and specific requirements for each of these features.

Benefit Exclusions

The plan includes only covered conditions or losses that are diagnosed while this insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months.

Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.

During the first 6 months of coverage benefits will not be payable for a pre-existing condition. A "pre-existing" condition is one in which you or an insured dependent receive treatment during the 3 months prior to the effective date of coverage. Treatment means consultation, care, and services provided or prescribed by a Physician for which symptoms exist.

If you are a participant in a Critical Illness plan which this plan replaces and are diagnosed with a pre-existing condition, we will consider whether the condition was payable under the prior plan when determining if it will be payable under this plan.

A complete list of benefit exclusions is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention ID 1014615.

This is not intended as a complete description of the insurance coverage offered. 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 certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Health advocacy services are provided by Health Advocate, Inc. (Plymouth Meeting, PA), the nation's leading healthcare advocacy company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment.

Insurance products (policy series GL501) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products (policy series GL501) are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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Group Critical Illness Insurance | Benefits At-A-Glance

Critical Illness Insurance Premium

Here's how little you pay with group rates.

Group Rates for You If You are not a Tobacco User

Employee | Non-Tobacco User Monthly Premiums

Employee Age Range	\$10,000	\$15,000	\$20,000
0 - 24	\$2.40	\$3.60	\$4.80
25 - 29	\$3.43	\$5.15	\$6.86
30 - 34	\$4.52	\$6.78	\$9.04
35 - 39	\$6.00	\$9.00	\$12.00
40 - 44	\$8.99	\$13.49	\$17.98
45 - 49	\$12.06	\$18.09	\$24.12
50 - 54	\$17.23	\$25.85	\$34.46
55 - 59	\$23.50	\$35.25	\$47.00
60 - 64	\$33.00	\$49.50	\$66.00
65 +	\$45.35	\$68.03	\$90.70

Group Rates for You If You are a Tobacco User

Employee | Tobacco User Monthly Premiums

Employee Age Range	\$10,000	\$15,000	\$20,000
0 - 24	\$2.57	\$3.86	\$5.14
25 - 29	\$3.84	\$5.76	\$7.68
30 - 34	\$5.42	\$8.13	\$10.84
35 - 39	\$7.81	\$11.72	\$15.62
40 - 44	\$13.03	\$19.55	\$26.06
45 - 49	\$19.96	\$29.94	\$39.92
50 - 54	\$31.85	\$47.78	\$63.70
55 - 59	\$47.77	\$71.66	\$95.54
60 - 64	\$73.01	\$109.52	\$146.02
65 +	\$107.06	\$160.59	\$214.12

The Lincoln National Life Insurance Company
Please see prior page for product information.

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**Group Rates for Your Spouse
If You are not a Tobacco User**

Spouse | Non-Tobacco User Monthly Premiums

Employee Age Range	\$5,000	\$7,500	\$10,000
0 - 24	\$1.20	\$1.80	\$2.40
25- 29	\$1.72	\$2.57	\$3.43
30- 34	\$2.26	\$3.39	\$4.52
35- 39	\$3.00	\$4.50	\$6.00
40- 44	\$4.50	\$6.74	\$8.99
45- 49	\$6.03	\$9.05	\$12.06
50- 54	\$8.62	\$12.92	\$17.23
55- 59	\$11.75	\$17.63	\$23.50
60- 64	\$16.50	\$24.75	\$33.00
65 +	\$22.68	\$34.01	\$45.35

**Group Rates for Your Spouse
If You are a Tobacco User**

Spouse | Tobacco User Monthly Premiums

Employee Age Range	\$5,000	\$7,500	\$10,000
0 - 24	\$1.29	\$1.93	\$2.57
25- 29	\$1.92	\$2.88	\$3.84
30- 34	\$2.71	\$4.07	\$5.42
35- 39	\$3.91	\$5.86	\$7.81
40- 44	\$6.52	\$9.77	\$13.03
45- 49	\$9.98	\$14.97	\$19.96
50- 54	\$15.93	\$23.89	\$31.85
55- 59	\$23.89	\$35.83	\$47.77
60- 64	\$36.51	\$54.76	\$73.01
65 +	\$53.53	\$80.30	\$107.06

Group Rates for Your Dependent Children

Dependent Children | Monthly Premiums

	\$2,500	\$5,000	\$10,000
	\$1.15	\$2.31	\$4.61

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