



Surviving a critical illness may come at a high price.

If you experience a critical illness—like a heart attack or stroke—you shouldn't have to worry about the financial impact. But co-pays, transportation expenses, out-of-pocket medical costs, and lost income can add up quickly.

Limited Benefit Critical Illness Insurance can help provide financial protection so you can focus on recovery.



Approximately every 40 seconds, someone in the United States will have a heart attack.¹

How It Works

If you're diagnosed with a covered critical illness, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified critical illnesses that reoccur will allow for an additional benefit.

Features:

- Benefits paid directly to you, to be used however you see fit
- No required medical exams as part of the application process
- Guaranteed issue benefit amounts may be available for first-time eligible employees and spouse
- Coverage extended to dependent children at no additional cost
- Compatible with a Health Savings Account

Coverage is available for you, and your children, and your lawful spouse at determined benefit amounts.

Limited Benefit Critical Illness Insurance

with Cancer Benefit

AMERICAN FIDELITY 
a different opinion

HEALTH SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to:

- | | | |
|-----------------|------------------|---------------------------|
| • Pap Smear | • Colonoscopy | • Electrocardiogram (EKG) |
| • Prostate Test | • Stress Test | • Blood Glucose Testing |
| • Skin Biopsy | • Echocardiogram | • Neuroimaging Studies |

SCREENING BENEFIT
(per calendar year per covered person)

\$50

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

¹American Heart Association: 2022 Heart Disease and Stroke Statistics Update Fact Sheet At-a-Glance; January 24, 2022, p2.

Plan Benefit Highlights

Schedule of Benefits

Depending on the plan selected by your employer, the following benefit amounts may be available. The employee benefit amounts can range from \$10,000, \$20,000 or \$30,000. Eligible children will be automatically covered at 25% of the employee's benefit amount at no additional cost. If elected, spousal benefit amounts will be 50% of the employee benefit amount.

CRITICAL ILLNESS BENEFITS Pays once per covered person for each critical illness shown below.		
	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Benefit Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit. No payment if the Heart Attack Benefit has been paid.	25%	-
Stroke Benefit (Permanent damage due to a Stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a covered accident) Pays full lump sum benefit amount.	100%	-
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	-
Early Stage Cancer (Carcinoma In Situ) Benefit Pays 25% of the benefit amount. Payment will reduce any Invasive Cancer Benefit.	25%	-
Invasive Cancer Benefit Pays full lump sum benefit amount.	100%	-

EMPLOYEE MONTHLY PREMIUMS*

	\$10,000		\$20,000		\$30,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$5.40	\$9.12	\$8.82	\$16.24	\$12.24	\$23.38
30-39	\$9.76	\$16.68	\$17.54	\$31.36	\$25.30	\$46.06
40-49	\$19.36	\$33.40	\$36.76	\$64.84	\$54.14	\$96.26
50-59	\$35.14	\$61.14	\$68.30	\$120.28	\$101.46	\$179.42
60 & Over	\$59.08	\$103.10	\$116.18	\$204.24	\$173.26	\$305.34

SPOUSE MONTHLY PREMIUMS*

	\$5,000		\$10,000		\$15,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$3.08	\$5.56	\$4.18	\$9.16	\$5.28	\$12.72
30-39	\$5.42	\$9.94	\$8.86	\$17.90	\$12.30	\$25.84
40-49	\$10.70	\$19.68	\$19.40	\$37.40	\$28.10	\$55.12
50-59	\$19.26	\$35.62	\$36.52	\$69.26	\$53.78	\$102.90
60-69	\$32.30	\$59.88	\$62.62	\$117.78	\$92.92	\$175.70

*The premium and benefits vary depending upon the amount selected at the time of application.

Effective Date

Certificates will become effective on the requested effective date following the date we approve the application, providing you are on active employment and premium has been paid.

Health Screening Benefit

Pays \$50 when a covered employee or covered spouse receives a covered Health Screening Test. This benefit covers several qualified tests, including, but not limited to: pap smear, prostate test, skin biopsy, colonoscopy, blood test for triglycerides, doppler ultrasound, echocardiogram, electrocardiogram (EKG), fasting blood glucose test, serum cholesterol test to determine HDL and LDL levels, exercise or pharmacologic stress test, and neuroimaging studies. This policy pays for one test per covered employee and one test per covered spouse per calendar year, regardless of the number of tests received during the calendar year. This benefit is available without a diagnosis of a critical illness. This benefit does not reduce the critical illness lump sum benefit amount.

Critical Illness Benefit

Pays once per covered person for each critical illness. Each critical illness must be separated by at least 90 days following the first critical illness occurrence date.

Heart Attack Benefit

Pays following a Heart Attack due to coronary artery disease. Any previous amounts paid for a coronary artery bypass surgery will be deducted from the amount payable under this benefit.

Heart Attack means an acute myocardial infarction due to coronary artery disease resulting in the death of a portion of the heart muscle. Diagnosis must be supported by the onset of new symptoms and any of the following: EKG changes, the elevation of biochemical markers, or imaging studies consistent with acute myocardial infarction. In the event of death, an autopsy, medical examiner's confirmation, or death certificate identifying Heart Attack will be acceptable. Heart Attack does not include congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

Coronary Artery Bypass Surgery Benefit

Pays following open heart surgery performed by a physician to correct coronary artery disease with bypass grafts. Coronary artery bypass surgery does not include balloon angioplasty, laser angioplasty, stenting, valve replacement surgery, or procedures other than coronary artery bypass surgery.

Stroke Benefit (Permanent Damage Due To A Stroke)

Pays following permanent neurological damage to the brain due to a stroke that results from an acute or sub-acute interruption of blood flow to brain tissue as defined in the policy. Permanent damage due to a stroke does not include transient ischemic attacks (TIA).

Paralysis Benefit (Permanent Due To A Covered Accident)

Injuries to the spinal cord due to a covered accident, which result in the loss of use of two or more limbs. Paralysis must be diagnosed as permanent, total, and irreversible.

Major Organ Failure Benefit

Pays following the date the covered person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung, or entire pancreas.

End Stage Renal Failure Benefit

Pays following the occurrence date of end stage renal failure resulting in irreversible failure of both kidneys to function and which requires regular dialysis or renal transplantation to sustain life.

Recurrent Diagnosis Benefit

Upon a second occurrence of certain specified critical illnesses, this benefit pays 50% of the amount previously paid under the policy. Covered critical illness events include Heart Attack, permanent damage due to a stroke, and major organ failure. The second occurrence date must be separated by at least 180 days following the first occurrence date of that same critical illness. Once a Recurrent Diagnosis Benefit has been paid for a critical illness, no further benefits for that same critical illness will be payable.

Cancer Critical Illness Benefit

Early Stage Cancer (Carcinoma In Situ)

Pays 25% of the critical illness cancer benefit amount following diagnosis of early stage of internal cancer in which the tumor or tumor cells are confined to the organ or tissue where it first developed without having invaded neighboring tissue. Carcinoma in situ does not include skin cancer. Some examples of covered early-stage cancer include prostate cancer, breast cancer, or colon cancer, meeting certain diagnosis requirements. Payments for Carcinoma in situ reduce the Invasive Cancer Benefit.

Invasive Cancer Benefit

Pays a cancer critical illness benefit amount following the occurrence date and diagnosis of invasive cancer with uncontrolled growth, function, or spread of cells in any part of the body. The documented staging will be used to determine if the cancer meets the invasive cancer definition.

Limitations and Exclusions

Pre-Existing Condition Limitation

No Critical Illness Benefit will be payable for a critical illness caused by or resulting from a Pre-Existing Condition when the critical illness occurrence date occurs before a covered person has been continuously covered under the policy for 12 consecutive months.

Pre-Existing Condition means a disease, accident, sickness, physical condition or mental illness for which a covered person has experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a physician, during the 12-month period immediately before the covered person's effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, accident, sickness, physical condition or mental illness.

Exclusions

We will not pay benefits for any critical illness resulting from or caused, directly or indirectly, by: (a) an intentionally self-inflicted accident or sickness; (b) suicide or attempted suicide while sane or insane; (c) participating in riots, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss while acting lawfully within the scope of authority; (d) being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions. Intoxication is determined and defined by the laws and jurisdiction of the geographical area where the event that caused the critical illness occurred; (e) committing or attempting to commit a felony; (f) being incarcerated in any type of penal institution; (g) alcoholism or drug addiction; (h) a diagnosis received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States.

Portability

Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may be provided coverage under your certificate upon leaving employment until the earliest of these dates: (a) your 75th birthday; (b) 10 years from the portability effective date; (c) the date the policy is terminated; or (d) the date you fail to pay the required premium. You must have been continuously covered for 12 consecutive months before the date your coverage under the policy ends. Portability is not applicable to dependents.

Leave of Absence

Your coverage may be continued for up to one year during a leave of absence approved in writing by your employer.

Termination of Coverage

Coverage will continue as long as the group policy remains in force, the premiums are paid, and you remain eligible for coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Coverage for any dependent children will end when your coverage terminates or they no longer meet the definition of a dependent child. Coverage for your covered spouse will end on the earliest of: the date your coverage terminates, the end of the premium term in which they no longer meet the definition of a covered spouse, or the date you or your spouse turn 75. Your coverage can be terminated, or premiums may be increased on any premium due date with 31 days advance notice.

*This product contains limitations, exclusions, and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** This brochure highlights important features of the policy. Please refer to your certificate for complete details.*

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Notice

The coverage provided under your benefits plan or policy underwritten by [American Fidelity Assurance Company] is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the testing, diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact beWellnm toll-free at 1-833-862-3935.
3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at 1-855-637-6574 or visit <https://www.yes.state.nm.us/yesnm/home/index>
4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool") at 1-844-728-7896 or <https://nmmip.org/>. If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at <https://www.cdc.gov/> or <http://cv.nmhealth.org/>.

Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at 1-855-600-3453.