## PLAINVIEW ISD



# **Critical Illness and Cancer**



### Receive a Benefit if You are Diagnosed With a Serious Illness

#### A Critical Illness and Cancer Plan:

- Pays a lump sum benefit directly to you, unless otherwise designated
- Provides a benefit that can be used as you wish
- Pays in addition to any other coverage you may have
- Can cover you, our spouse and your children. Spouse benefit 50% of employee and children 50% of employee up to \$10,000

#### According to the American Heart Association,

approximately every 40 seconds an American will have a heart attack. The estimated annual incidence of heart attacks in the United States is 720,000 new attacks and 335,000 recurrent attacks.

 $\sim -https://www.healthline.com/health/heart-disease/statistics\#10$ 

#### What does critical illness and cancer coverage do?

Your selected benefit amount of \$5,000 - \$50,000 is payable within each category:

VASCULAR	OTHER CRITICAL ILLNESS	CANCER
Pays 100% of benefit amount for:	Pays 100% of benefit amount for:	Pays 100% of benefit amount for
<ul> <li>Stroke</li> <li>Heart attack</li> <li>Transplant as a result of heart failure</li> </ul>	<ul> <li>Transplant, other than heart</li> <li>Severe burns</li> <li>End stage renal failure</li> <li>Coma</li> </ul>	internal cancer or malignant melanoma. Pays 25% of the benefit amount for diagnosis of carcinoma in situ.
Pays 25% of benefit amount upon completion of bypass surgery as a result of coronary artery disease.	<ul> <li>Loss of sight, speech or hearing</li> <li>Occupational HIV</li> <li>Permanent paralysis due to an accident</li> </ul>	

#### **Plan features**

- Annual health screening benefit of \$100 per insured.
- Recurrence benefit: Allows for one additional benefit payment in one benefit category if a person is diagnosed for a second time for the same illness after being treatment-free for at least 12 months.
- Waiver of premium: Premiums are waived if the primary insured is totally disabled for more than 180 days.
- 30-calendar-day waiting period on cancer benefit.

#### A Guarantee Issue Amount of \$30,000 Employee, \$15,00 Spouse and \$10,000 Child During Your 2020 Open Enrollment

#### Eligible Dependent Children Can Be Covered Without Additional Premium!

#### Texas

#### Plainview Independent School District

#### **Employee rates**

Displaying monthly payroll deductions based on monthly premium calculation including Benefit Recurrence and \$100 Health Screening Benefit.

Age Employee - NTU Employee - TU

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BENEFIT:	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$6.78	\$8.86	\$10.94	\$13.02	\$15.09	\$8.87	\$12.00	\$15.12	\$18.24	\$21.37
30-39	\$10.51	\$14.11	\$17.71	\$21.31	\$24.91	\$15.87	\$22.14	\$28.42	\$34.70	\$40.98
40-49	\$18.02	\$25.06	\$32.10	\$39.13	\$46.17	\$31.23	\$44.87	\$58.51	\$72.16	\$85.80
50-55	\$28.88	\$40.83	\$52.79	\$64.74	\$76.70	\$51.05	\$74.09	\$97.13	\$120.16	\$143.20
56-59	\$28.88	\$40.83	\$52.79	\$64.74	\$76.70	\$51.05	\$74.09	\$97.13	\$120.16	\$143.20
60-64	\$44.91	\$64.39	\$83.87	\$103.35	\$122.84	\$79.87	\$116.83	\$153.79	\$190.76	\$227.72
65-69	\$52.56	\$75.84	\$99.13	\$122.41	\$145.69	\$92.32	\$135.48	\$178.64	\$221.79	\$264.95

\*Children Rate included at 50% up to \$10K.

#### **Spouse Rates**

Displaying monthly payroll deductions based on monthly premium calculation including Benefit Recurrence and \$100 Health Screening Benefit. Age Spouse - NTU Spouse - TU

Age	Spouse - NTO				opouse - ro					
BENEFIT:	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-29	\$4.70	\$5.74	\$6.78	\$7.82	\$8.86	\$5.75	\$7.31	\$8.87	\$10.43	\$12.00
30-39	\$6.91	\$8.71	\$10.51	\$12.31	\$14.11	\$9.59	\$12.73	\$15.87	\$19.01	\$22.14
40-49	\$10.98	\$14.50	\$18.02	\$21.54	\$25.06	\$17.59	\$24.41	\$31.23	\$38.05	\$44.87
50-55	\$16.92	\$22.90	\$28.88	\$34.86	\$40.83	\$28.01	\$39.53	\$51.05	\$62.57	\$74.09
56-59	\$16.92	\$22.90	\$28.88	\$34.86	\$40.83	\$28.01	\$39.53	\$51.05	\$62.57	\$74.09
60-64	\$25.43	\$35.17	\$44.91	\$54.65	\$64.39	\$42.91	\$61.39	\$79.87	\$98.35	\$116.83
65-69	\$29.28	\$40.92	\$52.56	\$64.20	\$75.84	\$49.16	\$70.74	\$92.32	\$113.90	\$135.48

NTU: Non-tobacco user; TU: Tobacco user