

GROUP CRITICAL ILLNESS (SPECIFIED DISEASE) INSURANCE OUTLINE OF COVERAGE

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

NOTICE TO BUYER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY CRITICAL ILLNESS (SPECIFIED DISEASE) COVERAGE – OUTLINE OF COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless You have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance (https://www.naic.org/documents/prod_serv_consumer_guide_cancer.pdf) to review the possible limits on benefits in this type of coverage.

Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of this insurance. This outline of coverage is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of You, the Policyholder and the insurance company. It is, therefore, important that You **READ YOUR CERTIFICATE CAREFULLY!**

Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of diagnosis of specified diseases. Coverage is **NOT** provided for basic hospital, basic medical-surgical or major medical expenses.

Benefits provided are supplemental and are not intended to cover all medical expenses. The Policy does not constitute comprehensive health insurance coverage and does not satisfy the requirement of Minimum Essential Coverage under the Affordable Care Act.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* ("Medicare & You" handbook) available through www.medicare.gov/publications or from Us.

This outline of coverage provides a very brief summary of the terms and conditions of the Certificate. For a complete description refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in the Certificate or refers to a specific provision contained within the Certificate. A person is not entitled to insurance because they received this outline of coverage. A person is only entitled to insurance if they are eligible and insured in accordance with the terms of the Policy. This outline of coverage was published on May 26, 2022.

POLICY INFORMATION

Policyholder: Gregory-Portland Independent School District
Policy Number: VCI-897790
Situs/Issue State: Texas

Policy Effective Date: September 1, 2022
Policy Anniversary: September 1

ELIGIBLE CLASS(ES)

All Eligible Employees

COVERAGE ELECTION

In order to be insured under the Policy an Employee must elect coverage for themselves and any Dependent(s).

The Employee is required to pay premium for the coverage elected. Payment of premium does not guarantee eligibility for coverage.

COVERAGE AMOUNT(S)

- **Employee:** Choice of \$10,000 to \$30,000 in increments of \$10,000 (\$10,000; \$20,000 or \$30,000)
- **Spouse:** 50% of the Employee’s elected Coverage Amount
- **Dependent Child(ren):** 50% of the Employee’s elected Coverage Amount (per child)

Any amount of insurance for a Spouse or Dependent Child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. All Coverage Amount(s) are Guaranteed Issue.

CRITICAL ILLNESS BENEFITS

All Critical Illness Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Critical Illness Benefits and General Limitations & Exclusions sections of the Certificate.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness, unless otherwise stated as a specific dollar amount.

All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Critical Illness that is payable or was previously paid under the Policy for a Covered Person.

Critical Illness:	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
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CANCER & BENIGN TUMOR CATEGORY

Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	25%	100%
Skin Cancer	\$500	None
Benign Brain or Spinal Cord (Intradural) Tumor		
• Early Diagnosis	10%	None
• Advanced Diagnosis	100%	None

HEART & VASCULAR CATEGORY

Heart Attack (Myocardial Infarction)		
• ST-Segment Elevation Myocardial Infarction (STEMI)	100%	100%
• Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%	100%
Coronary Artery Disease		
• Minor Diagnosis	10%	100%
• Major Diagnosis	100%	100%
Stroke		
• Mild Stroke	10%	100%
• Moderate Stroke	50%	100%
• Severe Stroke	100%	100%
Abdominal Aortic Aneurysm or Thoracic Aortic Aneurysm		
• Major Diagnosis	100%	100%

MAJOR ORGAN CATEGORY

Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	None

NEUROLOGICAL CONDITIONS CATEGORY

Dementia		
• Advanced Diagnosis	100%	None
Parkinson’s Disease		
• Advanced Diagnosis	100%	None
Amyotrophic Lateral Sclerosis (ALS)		
• Advanced Diagnosis	100%	None
Multiple Sclerosis (MS)		
• Advanced Diagnosis	100%	None

CHRONIC/PROGRESSIVE & INFECTIOUS CONDITIONS CATEGORY

Other Chronic/Progressive Condition • Advanced Diagnosis	100%	None
Severe Infectious Disease • Major Diagnosis	25%	None

FUNCTIONAL LOSS & CATASTROPHIC CONDITIONS CATEGORY

Coma	100%	100%
Loss of Hearing	100%	None
Loss of Sight	100%	None
Loss of Speech	100%	None
Permanent Paralysis	100%	None
Severe Burn • Greater than 36% of Total Body Surface Area	100%	None

CHILD CONDITIONS CATEGORY

Cerebral Palsy • Advanced Diagnosis	100%	None
Congenital Heart Defect	100%	None
Congenital Metabolic Disorder	100%	None
Genetic Disorder	100%	None
Structural Congenital Defect	100%	None

Critical Illnesses included in the Child Conditions Category must be Diagnosed during Childhood.

Policy Benefit Maximum. 500% – The Policy Benefit Maximum is a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness. A Covered Person may receive multiple Critical Illness benefit payments under the Policy until the maximum is reached.

ADDITIONAL BENEFIT(S)

All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.

Benefit:	Benefit Amount:	Benefit Maximum:
Health Screening	\$50	Once per Policy Year

GENERAL LIMITATIONS & EXCLUSIONS

The limitations and exclusions included below apply to all benefits included in this Certificate unless otherwise noted below. Please note that certain Critical Illness Benefits and Additional Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of this Certificate. All limitations and exclusions are fully described in the Certificate.

Unless otherwise stated in the Certificate, We will not pay benefits for any Critical Illness included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.

Reoccurrence Benefit Separation Period. Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Critical Illness, a Reoccurrence Benefit Separation Period of 180 days must be satisfied.

Related Critical Illness Limitation. Once a Critical Illness is Diagnosed for which an Initial Occurrence Benefit is payable for a Covered Person, in order for an Initial Occurrence Benefit to be payable for any Related Critical Illness for the Covered Person, the date of Diagnosis of any Related Critical Illness must occur more than 30 days after the date Diagnosis for the prior Critical Illness. This limitation is fully described in the Certificate.

Policy Benefit Maximum. Each Covered Person may receive multiple payments for Critical Illness Benefits under this Certificate until the Policy Benefit Maximum shown in the Benefit Schedule is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate.

Exclusions. No benefits are payable under the Policy for any Critical Illness that results from, is caused by or that takes place during a Covered Person's:

- 1) intentional self-inflicted illness or Injury;
- 2) voluntarily taking or using any drug, a narcotic, medication or sedative, unless it is:
 - a) taken or used as prescribed by a Physician; or
 - b) taken according to package directions, for any over-the-counter drug, medication or sedative;
- 3) voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), or voluntary engagement in an illegal occupation;
- 4) incarceration or imprisonment in any type of penal or detention facility;
- 5) active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate; or
- 6) involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer.

In addition, no benefits are payable under the Policy for any Critical Illness that results from or is caused by a Covered Person's Substance Use Disorder.

In addition, no benefits are payable under the Policy for any Critical Illness for which Diagnosis is made outside the United States or Canada, unless the Diagnosis is confirmed in the United States. The date of Diagnosis in such circumstances is the date the Diagnosis was originally made outside the United States or Canada.

KEY DEFINITIONS

A summary of some of the key definitions of the Policy is provided below. Please refer to the Definitions section of the Certificate for a complete listing of the definitions applicable to this coverage.

Cancer (Invasive) means a disease identified by the presence of malignant cells or a malignant tumor, characterized by the abnormal and uncontrolled growth and spread of invasive malignant cells or an invasive malignant tumor to tissue beyond the tissue of origin. Cancer includes (but is not limited to) the following: lymphoma classified as stage II or higher, symptomatic myeloma and sarcoma; acute forms of leukemia, chronic myeloid leukemia classified as accelerated or blast phase, or chronic lymphocytic leukemia classified as Rai Stage I or Binet Stage B or greater; any cancer of the breast, including those classified as stage 0 or in situ; Other Skin Malignancy classified as AJCC Stage IV or greater; and malignant melanoma classified as AJCC Stage II or greater.

For purposes of this Certificate, cancer does not include: Carcinoma in Situ (Non-Invasive); Skin Cancer; Premalignant Conditions; or other benign or precancerous conditions, lesions or polyps, or conditions having borderline malignancy or malignant potential. Additional Requirements to receive this benefit are fully described in the Certificate.

Carcinoma in Situ (Non-Invasive) means a group of abnormal cells that have not yet become invasive and are confined to the tissue of origin without having invaded neighboring tissue or regional lymph nodes, typically classified as AJCC Stage 0 or in situ cancer. Carcinoma in situ includes (but is not limited to) the following: early prostate cancer classified as AJCC Stage T1N0M0; lymphoma classified as stage I or lower and asymptomatic myeloma; chronic myeloid leukemia classified as chronic phase; chronic lymphocytic leukemia classified as Rai Stage 0 or Binet Stage A; Other Skin Malignancy classified as AJCC Stage II or III; and malignant melanoma that has been classified as AJCC Stage I.

Carcinoma in situ does not include: Skin Cancer; Premalignant Conditions; or other benign or precancerous conditions, lesions or polyps, or conditions having borderline malignancy or malignant potential. Additional Requirements to receive this benefit are fully described in the Certificate.

Coronary Artery Disease means the narrowing or blockage of at least 50% of one or more coronary arteries. Additional Requirements to receive this benefit are fully described in the Certificate.

Covered Person means the Employee and any Dependent(s) who is/are currently insured under the Policy and this Certificate.

Critical Illness means any of the conditions shown in the Benefit Schedule for which a Covered Person is Diagnosed while coverage is in effect under the Policy.

Diagnosed, Diagnosis means the definitive establishment of a Critical Illness by a Physician through the use of clinical or pathological findings, made in accordance with generally accepted medical principles and professional medical standards.

End Stage Renal Disease (ESRD) means the chronic and irreversible failure of both kidneys to function. For purposes of this Certificate, end stage renal disease (ESRD) does not include kidney failure caused by a traumatic event or surgical trauma. Additional Requirements to receive this benefit are fully described in the Certificate.

Heart Attack (Myocardial Infarction) means a condition that occurs when a severe and sudden loss of adequate blood supply to part of the heart muscle causes damage to the heart muscle. For purposes of this Certificate, heart attack (myocardial infarction) includes: ST-Segment Elevation Myocardial Infarction (STEMI); and Non-ST Segment Elevation Myocardial Infarction (NSTEMI).

Heart attack (myocardial infarction) does not include: other acute coronary syndromes (including but not limited to unstable angina or coronary artery spasm); any other disease or Injury involving the cardiovascular system; any established (old) myocardial infarction; any heart attack that occurs during a Surgical Procedure or any other clinical procedure; any heart attack that is the result of Substance Use Disorder; or cardiac arrest not caused by a myocardial infarction, such as Sudden Cardiac Arrest. Additional Requirements to receive this benefit are fully described in the Certificate.

Major Organ Failure means the irreversible failure due to end-stage organ disease of the heart, liver, lung, pancreas, small intestine or large intestine. Major organ failure does not include the failure of any: major organ as a direct result of life-threatening cancer; or other organs, parts of organs, tissues or cells not listed in this definition.

Mild Stroke means a Stroke with neurological deficits that is categorized: with a score of 1 through 4 on the National Institutes of Health Stroke Scale (NIHSS) measured at least 24 hours after the initial onset of the Stroke event; with a score of 1 or 2 on the Modified Rankin Scale (mRS) measured at least 90 days after the onset of the Stroke event; or as a mild Stroke on any other stroke assessment scale administered in accordance with current medically accepted standards. Mild stroke does not include Transient Ischemic Attack (TIA).

Moderate Stroke means a Stroke resulting in one or more Permanent Neurological Deficits that is categorized: with a score of 5 through 14 on the National Institutes of Health Stroke Scale (NIHSS) measured at least 24 hours after the initial onset of the Stroke event; with a score of 3 on the Modified Rankin Scale (mRS) measured at least 90 days after the onset of the Stroke event; or as a moderate stroke on any other stroke assessment scale administered in accordance with current medically accepted standards. Moderate stroke does not include Transient Ischemic Attack (TIA).

Non-ST Segment Elevation Myocardial Infarction (NSTEMI) means a type of myocardial infarction: in which a coronary artery is only partially or temporarily blocked; which appears in new and serial characteristic electrocardiographic (EKG) changes not inclusive of ST segment elevation; and following which elevation of cardiac enzymes or troponins can be detected in the blood above standard laboratory levels of normal. Non-ST segment elevation myocardial infarction (NSTEMI) includes a subendocardial infarction, also known as a "non-Q-wave heart attack."

Other Skin Malignancy means basal cell carcinoma, cutaneous lymphoma, merkel cell carcinoma and squamous cell carcinoma.

Severe Stroke means a Stroke resulting in one or more Permanent Neurological Deficits that is categorized: with a score of 15 or greater on the National Institutes of Health Stroke Scale (NIHSS) measured at least 24 hours after the initial onset of the Stroke event; with a score of 4 or greater on the Modified Rankin Scale (mRS) measured at least 90 days after the onset of the Stroke event; or as a severe or very severe Stroke on any other stroke assessment scale administered in accordance with current medically accepted standards. Severe stroke does not include Transient Ischemic Attack (TIA).

Skin Cancer means, for purposes of this coverage: Other Skin Malignancies classified as AJCC Stage I or lower; or malignant melanoma classified as AJCC Stage 0 or in situ. Additional Requirements to receive this benefit are fully described in the Certificate.

Stroke means an acute cerebral vascular incident that occurs when the blood supply to part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen or nutrients, caused by any of the following: hemorrhage; thrombus; or embolus from an extra-cranial source; that results in neurological impairment or deficit. Stroke includes: Mild Stroke; Moderate Stroke; and Severe Stroke. Stroke does not include: ischemic disorders of the vestibular system; brain Injury related to trauma or infection; or brain Injury associated to hypoxia/anoxia or hypotension. Additional Requirements to receive this benefit are fully described in the Certificate.

ST-Segment Elevation Myocardial Infarction (STEMI) means a type of myocardial infarction: in which a coronary artery is completely blocked resulting in death of a portion of the heart muscle; which appears in new and serial characteristic electrocardiographic (EKG) changes inclusive of ST segment elevation; and following which there is a characteristic rise of cardiac enzymes, biochemical cardiac markers or troponins recorded at the following levels or higher: Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L); Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L); or equivalent threshold with other methods.

We, Us, Our means Hartford Life and Accident Insurance Company.

You, Your, Primary Insured means an Employee who is currently insured under the Policy and this Certificate.

ELIGIBILITY

To be eligible for coverage, an Employee must be performing the normal duties of his/her regular job for the Policyholder in the usual way for 20 or more hours each week and be receiving compensation from the Policyholder for work performed. An Employee may also need to satisfy an Eligibility Waiting Period of 30 days before becoming eligible for coverage.

Your Dependent(s) must be able to perform normal and customary activities and not be confined (at home, in a hospital or in any other medical facility) to be eligible for coverage. In addition, Dependent Child(ren) must be under age 26 to be eligible for coverage unless otherwise allowed by the Policy.

The day on which an Employee or Dependent becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. Additional eligibility conditions may apply as described in the Certificate.

INITIAL ENROLLMENT – FOR NEW HIRES

An Employee may enroll for coverage for the Employee and any Dependent(s) within 31 days following the day the Employee or Dependent(s) first become(s) eligible for coverage under the Policy. If an Employee does not elect coverage during the Employee's or Dependent's initial enrollment period, future enrollment may only occur as provided in the Changes in Coverage provision of the Certificate. Additional enrollment conditions may apply as described in the Certificate.

COVERAGE EFFECTIVE DATE (WHEN COVERAGE BEGINS) – FOR NEW HIRES

Coverage will start on the later to occur of:

- 1) the first day of the month following the date an Employee or Dependent becomes eligible, if enrolled for coverage on or before that date; or
- 2) the first day of the month following the date an Employee or Dependent is enrolled for coverage.

In no event will Dependent insurance become effective before an Employee becomes insured. The Coverage Effective Date for any Employee or Dependent is subject to the Deferred Coverage Effective Date provision of the Certificate. Additional eligibility conditions may apply as described in the Certificate.

ONGOING ENROLLMENT – ANNUAL ENROLLMENT OR ADDITIONAL ENROLLMENT EVENT

An Employee may enroll for coverage for the Employee and any Dependent(s) within an Annual Enrollment Period specified by the Policyholder or during an Additional Enrollment Event. Additional enrollment conditions may apply as described in the Certificate.

COVERAGE EFFECTIVE DATE (WHEN COVERAGE BEGINS) – ANNUAL ENROLLMENT OR ADDITIONAL ENROLLMENT EVENT

Coverage will start on the later to occur of:

- 1) the Policy Anniversary on or next following the last day of an Annual Enrollment Period, if an Employee or Dependent is enrolled during an Annual Enrollment Period; or
- 2) the first day of the month following the last day of an Additional Enrollment Event, if an Employee or Dependent is enrolled during an Additional Enrollment Event.

In no event will Dependent insurance become effective before an Employee becomes insured. The Coverage Effective Date for any Employee or Dependent is subject to the Deferred Coverage Effective Date provision of the Certificate. Additional eligibility conditions may apply as described in the Certificate.

FEATURE(S)

Partner Coverage. Any reference to "Spouse" includes any individual who is a partner to an Employee in a civil union or domestic partnership, or other relationship as recognized and allowed by applicable federal law, state law, or law of the county, city or local government in the Employee's jurisdiction of residence.

Continuation of Coverage. You may be able to continue insurance for You and Your Dependent(s) in certain circumstances when You are no longer Actively at Work, with payment of premium and subject to certain conditions. The available continuation option(s) are described in the Certificate.

Extended Continuation. You or an insured Spouse, in certain circumstances, may continue coverage under the Policy when insurance would otherwise end under the Termination of Coverage provision, with payment of premium and subject to certain conditions. This provision is fully described in the Certificate.

TERMINATION OF COVERAGE (WHEN COVERAGE ENDS)

Coverage for You and any Dependent(s) will end on the last day of the month during which You are no longer eligible for insurance under any provision of the Policy. Coverage for a Dependent will also end on the last day of the month during which a Dependent no longer satisfies the definition of Spouse or Dependent Child(ren). Additional circumstances under which coverage will end are described in the Certificate. Termination of coverage has no effect on benefits payable for a Critical Illness that is Diagnosed or Treatment that is received while a Covered Person was insured under the Policy.

PREMIUMS

The premium rate structure for this insurance is comprised of attained age rates per \$1,000 dollars of insurance for each Employee and Spouse, with specified age bands. You are responsible for the payment of premiums for insurance under the Policy if You elect coverage. Payment of premium does not guarantee eligibility for insurance.

Premiums will be automatically deducted from Your paychecks by the Policyholder, then remitted to Us as authorized by You during the enrollment process. Please contact the Policyholder for information regarding Your paycheck deductions.

Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Premiums for this coverage are subject to change in accordance with the provisions of the Policy. Contact the Policyholder or Your benefits administrator for additional information on the current premium structure for the Policy.

HOW TO OBTAIN A COPY OF THE CERTIFICATE

The Certificate will become available after the enrollment period is complete and the terms of insurance under the Policy are finalized between the Policyholder and Us. The Policyholder should provide You with access to (or a copy of) the Certificate at that time. If You do not receive what You need from the Policyholder at that time, You may then contact Us at 800-523-2233 (toll-free).

ADMINISTRATION OF COVERAGE

Some services related to this coverage may be performed by Our third-party administrator(s). These arrangements in no way alter Our obligation(s) to You. Services will not be performed by third-party administrator(s) if prohibited through mutual agreement with the Policyholder.