



**BlueCross BlueShield  
of Illinois**

## Group Benefit Program Summary for City of Urbana - VF023387

### Voluntary Group Critical Illness Insurance

Our Group Critical Illness insurance provides you with the extra money you need to help cover the increased expenses, medical or otherwise, you face when you suffer a critical illness. The proceeds from your approved claim may be used however you wish.

Eligibility	All Eligible, Active Full Time Employees
Benefit Amount: Employee	\$5,000 - \$50,000 in increments of \$5,000
Guarantee Issue Amount	\$20,000
Benefit Amount: Spouse (Includes Domestic Partners)	\$2,500 - \$25,000 in increments of \$2,500, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount - Spouse	\$10,000
Benefit Amount: Child(ren)	\$2,500 - \$25,000 in increments of \$2,500, not to exceed 50% of the employee benefit amount. Guarantee Issue Amount \$10,000
Overall Benefit Maximum	Triple Protection: Up to 3 times the selected benefit amount
Wellness Benefit	\$50 dollars per calendar year for Employee and covered Spouse
Pre-Existing Conditions Limitation	A pre-existing condition is an illness or injury for which you have received treatment for, advice was rendered, prescribed or recommended within 6 months prior to your effective date. A pre-existing condition or a condition caused by a pre-existing condition within the first 12 months of your effective date will not be covered. If you increase your coverage amount, a new pre-existing condition period will apply to the increased amount.
Portability	Benefits are portable to age 65. Spouse and dependents may port their coverage only if the employee is also ported. You must be covered under the plan for 12 months and under age 60 to be eligible for Portability.
Age Reduction Schedule	Benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.

### Covered Conditions

Invasive Cancer	100%	Carcinoma In Situ	25%
Heart Attack	100%	Heart Surgeries	25%
Stroke	100%	End Stage Renal Failure	100%
Major Organ Transplant	100%	Paralysis	100%
Major Burns	100%	Benign Brain Tumor	100%
Coma	100%	Loss of Sight Speech or Hearing	100%

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois, is the trade name of Dearborn Life Insurance Company, an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



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### **Critical Illness Limitations and Exclusions**

A pre-existing condition is any Illness or Injury for which You received medical treatment for, advice was rendered, prescribed or recommended within 6 months prior to the effective date of Your coverage. A pre-existing condition is not covered within the first 12 months of coverage.

Critical Illness benefits are not payable for a Covered Condition more than once per lifetime.

The Critical Illness benefit terminates once 300% of the Benefit Amount under the Certificate is paid.

No benefits are payable for a Covered Condition if it results from: (a) the misuse of alcohol or taking of drugs (other than under the direction of a Physician, who is neither You, a member of Your immediate family, or Your business associate); (b) Injury received during active participation in a riot, strike or civil commotion, or any act incidental thereto; or (c) Your or your dependents participation or attempt to participate in any illegal activity.

Benefits are subject to any Reduction of Benefits provision which may be included in the Certificate.

Covered Conditions must be separated by 180 days to be eligible for benefits.

You or your covered dependent must be registered by the United Network of Organ Sharing (UNOS) in order for a Major Organ Transplant, or kidney transplant necessitated by Kidney (Renal) Failure to be a Covered Condition.

If an Injury or Illness causes more than one Covered Condition to occur, Critical Illness benefits are only payable under the greatest benefit level percentage and are payable once, up to 300% of the Benefit Amount under the Certificate.

Policy provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

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### Wellness Benefit

The Wellness Benefit helps incent insureds to get annual wellness checkups and tests with their providers by paying the Wellness Benefit each year that they get a wellness test. The wellness tests include:

- Blood test for triglycerides;
- Bone marrow aspiration or biopsy;
- CA 15-3 (blood test for breast cancer);
- CA-125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Carotid Doppler;
- Chest x-ray;
- Colonoscopy;
- Echocardiogram;
- Electrocardiogram;
- Fasting blood glucose test;
- Fasting plasma glucose (FPG);
- Flexible sigmoidoscopy;
- Hemoglobin A1C (HbA1c);
- Hemocult stool analysis;
- Mammography;
- Pap smear;
- PSA (blood test for prostate cancer);
- Serum cholesterol test to determine HDL and LDL levels;
- Serum protein electrophoresis (blood test for myeloma);
- Skin cancer biopsy;
- Stress test on a bicycle or treadmill;
- Thermography;
- Thin prep pap test;
- Two-hour post-load plasma glucose; or
- Virtual colonoscopy.

The Wellness benefit is payable once per calendar year.

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