

GROUP CRITICAL ILLNESS

Heart Benefits for Critical Illness Insurance

CI^G

100% for OPEN-HEART SURGERIES

- CORONARY ARTERY BYPASS SURGERY
- MITRAL VALVE REPLACEMENT OR REPAIR
- AORTIC VALVE REPLACEMENT OR REPAIR
- SURGICAL TREATMENT OF ABDOMINAL AORTIC ANEURYSM

10% for INVASIVE HEART PROCEDURES

- ANGIOJET CLOT BUSTING
- BALLOON ANGIOPLASTY
- LASER ANGIOPLASTY
- ATHERECTOMY
- STENT IMPLANTATION
- CARDIAC CATHETERIZATION
- AUTOMATIC IMPLANTABLE (OR INTERNAL) CARディオVERTER DEFIBRILLATOR
- PACEMAKERS

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

The rider contains a 30-day waiting period. This means no benefits are payable for any insured who has been diagnosed before the coverage has been in force 30 days from the Effective Date. If an insured is first diagnosed during the waiting period, benefits for treatment of that Critical Illness will apply only to loss commencing after 12 months from the Effective Date; or, at the Employee's option, the Employee may elect to void the certificate from the beginning and receive a full refund of premium.

We will pay the benefit if you are treated with one of the Specified Surgical Procedures or Interventional Procedures shown on the Rider Schedule if: 1. The date of treatment is after the waiting period; 2. Treatment is incurred while the rider is in force; 3. Treatment is recommended by a Physician; and 4. It is not excluded by name or specific description in this rider.

The rider pays the indicated percentages of the Initial Maximum Benefit Amount shown in the Certificate Schedule that occurs while the rider is in force. Benefits are not payable

under the rider for loss if these conditions result from another Specified Critical Illness. Benefits for Category II will reduce the benefit amounts payable for Category I benefits. Benefits will be paid only at the highest benefit level. If a Category I and II are performed at the same time, benefits are only eligible at the 100% (higher) event and will not exceed the Initial Face Amount shown on the Rider Schedule. You are only eligible to receive one payment for each benefit category listed on the schedule page. The dates of loss for covered procedures must be separated by at least six months for benefits to be payable for multiple covered procedures. Payment of initial, reoccurrence, or additional occurrence benefits are subject to the Benefits section of your certificate.

If diagnosis occurs after the age of 70, half of the benefit is payable.

PRE-EXISTING CONDITIONS LIMITATION

Pre-Existing Condition means a sickness or physical condition for which an insured received a diagnosis or medical treatment within the 12-month period prior to his Effective Date.

We will not pay benefits for any surgical procedure occurring within 12 months of an

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Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition.

A claim for benefits for loss starting after 12 months from an insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

A Critical Illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after an insured's Effective Date.

Any benefits for Coronary Artery Bypass Surgery denied under this rider due to Pre-Existing Conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

EXCLUSIONS

1. No benefits will be paid if the Specified Critical Illness is a result of: a. Intentionally self-inflicted injury or action; b. Suicide or attempted suicide while sane or insane; c. Participation in a felony or an illegal occupation; d. War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion, or state of belligerence; or e. A loss sustained or contracted while intoxicated, or under the influence of any controlled substance, unless administered upon the advice of a Physician. 2. No benefits will be paid for loss which occurred prior to the effective date of this rider.

Treatment means consultation, care, or services provided by a Physician, including diagnostic measures and surgical procedures.

HEART RIDER DEFINITIONS

Category I – Specified Surgeries of the Heart (Open-Heart Surgery) means undergoing open-chest surgery, where the heart is exposed and/or manipulated for open cardiothoracic situations.

Benefits are paid for the following Open-Heart Surgery procedures only:

Coronary Artery Bypass Surgery (also Coronary Artery Bypass Graft Surgery, or Bypass Surgery) is a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease.

Off-Pump Coronary Artery Bypass (OPCAB) is a form of Bypass Surgery that does not stop the heart or use the heart-lung machine.

Coronary Artery Bypass Grafting (CABG) is used to treat a narrowing of the coronary arteries when the blockages are hard to reach or are too long or hard for angioplasty. A blood vessel, usually taken from the leg or chest, is grafted onto the blocked artery, creating a bypass around the blockage. If more than one artery is blocked, a bypass can be done on each, but only one benefit is payable under this rider.

Mitral Valve Replacement or Repair: a cardiac surgery procedure in which a patient's mitral valve is repaired or replaced by a different valve.

Aortic Valve Replacement or Repair: a cardiac surgery procedure in which a patient's aortic valve is repaired or replaced by a different valve.

Surgical Treatment of Abdominal Aortic Aneurysm: To prevent aneurysm rupture. The operation consists of opening the abdomen, finding the aorta, and removing (excising) the aneurysm. Abdominal Aortic Aneurysm is a ballooning or widening of the main artery (the aorta) as it courses down through the abdomen. At the point of the aneurysm, the aneurysm generally measures 3 cm or more in diameter.

Category I Benefits exclude all procedures not specifically listed previously, including procedures such as, but not limited to, angioplasty, laser relief, stents, or other surgical and nonsurgical procedures.

Category II – Invasive Procedures and Techniques of the Heart

A Category II Benefit is paid for the following procedures only:

AngioJet Clot Busting: used to clear blood clots from coronary arteries before angioplasty and stenting. The device delivers a high-pressure saline solution through the artery to the clot, breaking it up and simultaneously drawing it out.

Balloon Angioplasty (or Balloon Valvuloplasty) used to open a clogged blood vessel. A thin tube is threaded through an artery to the narrowed heart vessel, where a small balloon at its tip is inflated. A balloon opens the narrowing by compressing atherosclerotic plaque against the vessel wall. The balloon is then deflated and removed.

Laser Angioplasty: similar to Balloon Angioplasty. A laser tip is used to burn/break down plaque in the clogged blood vessel.

Atherectomy: used to open blocked coronary arteries or clear bypass grafts by using a device on the end of a catheter to cut or shave away atherosclerotic plaque.

Stent Implantation: where a stainless steel mesh coil is implanted in a narrowed part of an artery to keep it propped open.

Cardiac Catheterization (also called Heart Catheterization) is a diagnostic and occasionally therapeutic procedure that allows a comprehensive examination of the heart and surrounding blood vessels.

Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD). Means the initial placement of the AICD. AICDs are used for treating irregular heartbeats. The defibrillator is surgically placed inside the patient's chest where it monitors the heart's rhythm. When it identifies a serious arrhythmia, it produces an electrical shock to disrupt the arrhythmia.

Pacemakers: means the initial placement of a pacemaker. Pacemakers are implanted to send electrical signals to make the heart beat when your heart's natural pacemaker is not working properly. This electrical device is placed under the skin. A lead extends from the device to the right side of the heart. Most pacemakers are used to correct a slow heart rate.

Subject to the Reoccurrence Benefit in the base plan, only one Category II Benefit is payable. Benefits will not be paid for multiple procedures listed under the Category II Benefit.

Category II Benefits exclude all procedures not specifically listed above.

This guide is a brief description of coverage and is not a contract. Restrictions may vary by state. This guide is subject to the terms, conditions, and limitations of Rider Form Series CAI2838CA. This rider is also subject to the Limitations and Exclusions of the certificate.



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