

ABC Company

Critical Illness Insurance

	Carrier 1	Carrier 2	Carrier 3	Carrier 4	Carrier 5
Plan:	Critical Illness with Cancer Rider	Critical Illness with Cancer Rider	Critical Illness with Cancer Rider	Critical Illness with Cancer Rider	Critical Illness with Cancer Rider
Eligibility	Employee, Spouse, Child	Employee, Spouse, Child	Employee, Spouse, Child	Employee, Spouse, Child	Employee, Spouse, Child
Minimum Enrollment	5 Employees	5 Employees	20 Applications	20 Applications	
Portability	Included	Included	Included		Included
Reductions	50% at age 70	50% at age 70	No Reductions	50% at age 70	50% at age 70
Pre-Existing Condition Limitation	12/12	12/12	12/12	12/12	3/6 excluding Heart Attack & Stroke
Wellness Benefit	\$50	\$50	\$100	\$50	\$50 to \$100
Benefit Options					
Employee	\$10,000 or \$20,000	\$5,000 - \$50,000	\$5,000 - \$100,000	\$10,000 or \$20,000	\$10,000 or \$20,000
Spouse	\$5,000 or \$10,000	\$2,500 - \$25,000 not to exceed 50% of EE	\$5,000 - \$100,000, max is 100% of EE Amt	100% of Employee Amount	100% of Employee Amount
Child	Automatically enrolled at 25% of Employee Amount	\$2,500 or \$5,000 not to exceed 50% of EE	\$5,000 - \$100,000, max is 100% of EE Amt	100% of Employee Amount	100% of Employee Amount
Guarantee Issue					
Employee	All Amounts are GI	\$10,000	\$10,000	All Amounts are GI	All Amounts are GI
Spouse	All Amounts are GI	\$5,000	\$5,000	All Amounts are GI	All Amounts are GI
Child	All Amounts are GI	\$5,000	All Amounts are GI	All Amounts are GI	All Amounts are GI
Category 1					
Heart Attack, Heart Failure, Stroke	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
Heart Transplant	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
Coronary Bypass Surgery	25% of benefit amount selected	25% of benefit amount selected	10% of benefit amount selected	25% of benefit amount selected	100% of benefit amount selected
Angioplasty, Atherectomy, Stent Placement	N/A	N/A		25% of benefit amount selected	N/A
Category 2					
Blindness	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	N/A	N/A
Major Organ Failure (excluding heart failure)	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
End Stage Kidney Disease	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
Paralysis (excluding paralysis from stroke)	100% of benefit amount selected	100% of benefit amount selected		100% of benefit amount - Quad 50% of benefit amount - Para	N/A
ALS	N/A	N/A	100% of benefit amount selected	25% of benefit amount selected	25% of benefit amount selected
Multiple Sclerosis	N/A	N/A		25% of benefit amount selected	25% of benefit amount selected
Coma	100% of benefit amount selected	100% of benefit amount selected	N/A	N/A	N/A
Major Organ Transplant (other than heart)	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
Category 3					
Invasive Cancer	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected	100% of benefit amount selected
Cancer in situ (has not spread to other areas)	25% of benefit amount selected	25% of benefit amount selected	25% of benefit amount selected	25% of benefit amount selected	25% of benefit amount selected
Additional Occurrence Benefit	N/A	Yes	N/A	N/A	N/A
Recurrence Benefit	N/A	25%	N/A	N/A	Full amount
Additional Covered Conditions for Children	Yes	No	No	Yes	No
	Cleft Lip or Palate			Cleft Lip or Palate	
	Cerebral Palsy				
	Cystic Fibrosis				
	Down Syndrome				
	Spina Bifida				
Rates per \$10,000 per Month with Cancer and Wellness Benefit					
20 Year Old Employee - Non-tobacco	\$6.40	\$6.60	Unknown	N/A	\$4.00
30 Year Old Employee - Non-tobacco	\$8.50	\$10.70	\$7.69	N/A	\$6.80
40 Year Old Employee - Non-tobacco	\$15.00	\$17.20	\$13.94	\$11.94	\$14.80
50 Year Old Employee - Non-tobacco	\$25.80	\$32.80	\$23.41	\$20.04	\$28.60
60 Year Old Employee - Non-tobacco	\$42.40	\$47.50	Unknown	\$33.07	\$44.50
Enrollment Method	Face to Face	Face to Face	Face to Face	Face to Face	Face to Face