



Choose the right
protection for you and
your loved ones.





Members of Transport Workers Union of America Local 501

Benefits At-A-Glance

Coverage for you

Critical Illness Insurance

The Lincoln Critical Illness Insurance Plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for employees
- There are no waiting periods or overall plan maximums

If a person does not have major medical or basic hospital and basic medical coverage, Critical Illness Insurance may not be issued. If any eligible dependents do not have major medical or basic hospital and basic medical coverage, that person is not eligible for Critical Illness Insurance.

Critical Illness Insurance | Employee

Guaranteed coverage amounts	\$10,000, \$20,000 or \$30,000
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) above

Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance | Spouse

Guaranteed coverage amount	\$5,000, \$10,000 or \$15,000 (up to 50% of the employee coverage amount)
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) for your spouse

Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

Critical Illness Insurance | Children

Guaranteed coverage amount	\$5,000 or \$10,000 (up to 50% of the employee coverage amount)
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Guaranteed coverage amounts

You can choose from the coverage amounts above for your dependent children.

No money is due at enrollment. Your premium simply comes out of your paycheck.

Core Benefits

Covered Conditions	Benefit Percentage
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal (kidney) Failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	30%
Skin Cancer (other than melanoma)	\$250 per lifetime

Health Assessment / Wellness Benefit	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	Level: \$50

Additional Plan Benefit(s)	
Portability	Included

Note: See the policy for details and specific requirements for each of these benefit options.

Benefit Exclusions

The plan includes only covered conditions or losses that occur when the insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony; participation in a felony; committing a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot or insurrection; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months. A Covered Condition sustained while residing outside the United States, its possessions, Canada, or Mexico for more than 12 months, unless the Covered Condition is rediagnosed/confirmed in the United States.

Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention ID: 981411.