

Group Critical Illness Plan

Plan Benefits

- Additional Occurrence Benefit
- Re-occurrence Benefit
- Dependent Child/No cost
- Spouse coverage available
- Health Screening

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: *AGAC's Group Critical Illness plan provides a lump* :
: *sum benefit upon the diagnosis of not only one* :
: *covered illness, but for each covered illness.* :
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American General
Life Companies

Group Critical Illness Benefits

Critical Illnesses*	
Illnesses Covered Under Plan	Percentage of Face Amount
Heart Attack	100%
Stroke	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Coronary Artery Bypass Surgery**	25%

* At age 70, benefits are reduced by 50%.

** A partial benefit (25%) is payable for coronary artery bypass surgery. Payment of the partial benefit for coronary artery bypass surgery will reduce the benefit for a heart attack.

We will pay benefits, after any applicable waiting period and while the insured's certificate is in force, if the insured:

1. is diagnosed with a specified critical illness
2. is confined to a hospital as a result of the specified critical illness and charged for room, board and other applicable charges.
3. it is not excluded by name or specific description in the certificate

Additional Occurrence Benefit

If an insured collects full benefits for a Specified Critical Illness under the plan and later has one of the remaining covered illnesses, then we will pay the full benefit amount for any additional illness. Occurrences must be separated by at least 6 months.

Re-occurrence Benefit

If an insured receives full benefit for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months.

Health Screening Benefits

After the Waiting Period, An insured may receive a maximum of \$50 for any one covered screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a specified critical illness. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the policy remains inforce. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children. The covered health

screening tests include:

- ◆ Stress test on a bicycle or treadmill
- ◆ Fasting blood glucose test, blood test for triglycerides or serum cholesterol test to determine level of HDL and LDL
- ◆ Bone marrow testing
- ◆ Breast ultrasound
- ◆ CA 15-3 (blood test for breast cancer)
- ◆ CA 125 (blood test for ovarian cancer)
- ◆ CEA (blood test for colon cancer)
- ◆ Chest x-ray
- ◆ Colonoscopy
- ◆ Flexible sigmoidoscopy
- ◆ Hemocult stool analysis
- ◆ Mammography
- ◆ Pap smear
- ◆ PSA (blood test for prostate cancer)
- ◆ Serum protein electrophoresis (blood test for myeloma)
- ◆ Thermography

Individual Eligibility

All full-time employees, working at least 30 hours or more weekly, with at least 90 days of continuous employment by the date of the enrollment are eligible. If an employee is eligible, their spouse is eligible for coverage and all children of the insured who are unmarried and are younger than age 19 or younger than age 25 if they are full time students. Issue age is between 18-69. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

The employee may elect to purchase spouse coverage. In order to apply for spouse coverage, the employee must also apply. The spouse amount may not exceed 50% of the employee amount, subject to the minimum face amount of \$5,000. If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and is limited to face amounts between \$5,000 and \$25,000.

Dependent Children Coverage at No Additional Charge

Each eligible dependent child is covered at 10 percent of the primary insured amount at no additional charge. We will not pay 10% of the primary insured amount more than once for the same covered specified critical illness. The payment of benefits for a dependent child does not reduce the face amount of the primary insured. Children-only coverage is not available.

Portability

- Continuously insured for at least six months prior to terminating employment
- Same rates
- Remains in force until the earlier of the date the employee fails to pay or the group master policy is terminated.

Underwriting Guidelines

All applicants are required to answer underwriting questions. Spouse coverage is always underwritten using the Modified Guarantee Issue questions.

Modified Guaranteed Issue

For employee amounts of \$50,000 or less, and spouse amounts of \$25,000 or less:

1. Is any person to be insured now being treated for or has any person ever been treated for: a) cancer or any malignancy, which includes carcinoma, sarcoma, Hodgkin's Disease, leukemia, lymphoma, or malignant tumor. Cancer does not include basal cell or squamous cell carcinoma of the skin; b) a stroke, a heart attack, a heart condition, heart trouble, or any abnormality of the heart (including artery disease), diabetes or any liver disorder; c) kidney (renal) failure or end stage kidney (renal) disease; d) organ transplant; e) emphysema; or f) now taking three or more medications for high blood pressure?

2. Is any person to be insured now being treated or has ever been treated or diagnosed by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or "AIDS" related Complex (ARC), or ever been tested positive for antigens or antibodies to an "AIDS" virus?

3. Is any person to be insured now hospitalized or unable to perform their normal duties and activities?

These questions are knockout questions. Any "yes" response results in a declination.

Participation Requirements

A minimum of 25 approved employee payees are needed to establish group billing.

Limitations and Exclusions

This policy contains a 30-day “waiting period.” This means that no benefits are payable for any insured who has been diagnosed and confined to a hospital before coverage has been in force 30 days from the effective date of coverage. If an insured is first diagnosed during the “waiting period,” benefits for treatment of that Critical Illness or specified procedure or the employee may elect to void the certificate from the beginning and receive a full refund of premium*.

The date of diagnosis of a Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least 6 months.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the policy is in force; you are confined to a hospital as a result of a specified critical illness and are charged for a room, board, and other applicable charges and the cause of the illness is not excluded by name or specific description.

Benefits will not be paid for loss due to:

1. Intentionally self-inflicted injury or action;
2. Suicide or attempted suicide while sane or insane;
3. Illegal activities or participation in an illegal occupation;
4. War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
5. Substance abuse; or
6. Pre-existing conditions.

Pre-existing Condition Limitation**

“Pre-existing condition” means a sickness or physical condition which, within 12 month period prior to the effective date of the certificate, either: 1. resulted in the insured receiving medical advice or treatment, or; 2. caused symptoms for which an ordinarily prudent person would seek medical advice or treatment.”

We will not pay benefits for any condition or illness starting within 12 months of the 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 the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date of coverage.

“Treatment” means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

Critical Illness Plan Monthly Rates

(Spouse coverage can not exceed 50% of the employee coverage)

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
18-29	\$2.86	\$3.94	\$5.07	\$6.15	\$7.24
30-39	\$4.03	\$6.37	\$8.67	\$10.96	\$13.26
40-49	\$6.46	\$11.14	\$15.86	\$20.54	\$25.26
50-59	\$10.27	\$18.76	\$27.26	\$35.75	\$44.24
60-69	\$15.30	\$28.86	\$42.38	\$55.94	\$69.51

	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$8.36	\$9.45	\$10.53	\$11.66	\$12.74
30-39	\$15.56	\$17.85	\$20.15	\$22.45	\$24.74
40-49	\$29.94	\$34.67	\$39.35	\$44.07	\$48.75
50-59	\$52.74	\$61.23	\$69.77	\$78.26	\$86.75
60-69	\$83.07	\$96.59	\$110.15	\$123.72	\$137.24

* Rates include benefits for the Additional Occurrence, Re-occurrence, and Wellness Screening

Policy underwritten by:

American General Assurance Company

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Member of American International Group, Inc.

American General
Life Companies