

TRUSTMARK INSURANCE COMPANY
“We, Us, and Our”
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**CRITICAL ILLNESS
PROTECTION POLICY
SUPPLEMENTAL COVERAGE**

**OUTLINE OF COVERAGE
RETAIN FOR YOUR RECORDS**

Policy Form: CII I 214 P
Policy Title: Critical Illness Protection Policy

- (1) **NOTICE** - This policy is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have underlying coverage. It should not be purchased by persons covered by Medicaid.
- (2) **READ THE POLICY CAREFULLY** - This outline of coverage provides a very brief description of the important features of the policy. Please note that this outline is not intended to be a part of the insurance contract. Only the actual policy provisions are final and binding. The policy itself sets forth in detail your rights and obligations as well as those of the insurance company. **PLEASE READ THE POLICY CAREFULLY!**
- (3) **CRITICAL ILLNESS COVERAGE** - Policies of this category are designed to provide, to persons insured, restricted coverage that pays benefits **ONLY** upon diagnosis of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFITS – The policy will pay a benefit when a covered person is diagnosed with a specified disease described in the schedule of benefits, so long as the date of diagnosis occurs after the effective date and after the waiting period, if applicable, while coverage is in effect. Benefit amounts for each specified disease are listed on the policy as a percentage of the annual maximum benefit amount that is available for each covered person per calendar year.

Benefit payments are limited to the annual maximum benefit amount available per calendar year per covered person, as listed on the policy schedule. There are no deductible or copayment provisions.

Your coverage may or may not include the following riders. Please read your coverage documents carefully for information on included riders, if any:

Additional Sickness Rider: Benefits are eligible for payment when a physician determines that a covered person is unable to perform two or more standard activities for at least 90 continuous days as a result of a specified disease. Benefit is payable once per lifetime for each covered person.

Caregiver Rider: Benefits are eligible for payment for a covered person who provides caregiving services (including home health care, homemaking, and transportation) three days a week for two weeks to an eligible family member who has a specified disease. Benefit is payable once per calendar year, with a maximum of three payments per lifetime per covered person.

EZ Value/Future Purchase Option Rider: The annual maximum benefit amount is increased each year, for 5 years, based on the amount an additional \$1.00 per week will purchase at your attained age at time of purchase.

Healthy Living Rider: Benefits are eligible for payment for a covered person who receives tests or services intended to detect specified diseases early or prevent specified diseases from occurring. A separate benefit is payable for each covered person for each of the following:

- early detection and prevention service
- follow up diagnostic test

Benefits for early detection and prevention services and follow up diagnostic tests are eligible for payment once per calendar year per covered person.

Medical Advice Membership Endorsement: Covered persons are given access to medical experts to assist and support them when conditions are diagnosed.

Specified Illness Rider: Benefits are eligible for payment upon diagnosis of additional specified diseases. Each listed specified disease is eligible for a benefit only once per lifetime, and payment is subject to the annual maximum benefit amount per calendar year per covered person listed in the policy schedule.

Waiver of Premium for Critical Illness Rider: Premium will be waived for 6 months in the event you are diagnosed with a specified disease which qualifies for a 50% or 100% benefit under the policy. Waiver of premium benefit is limited to once per calendar year.

Waiver of Premium for Disability Rider: Premium will be waived in the event you are totally disabled for 6 months or longer.

(4) **EXCLUSIONS & LIMITATIONS -**

No benefits will be paid for any of the following:

- A diagnosis made prior to the effective date or during the waiting period as applicable to the covered person
- Any condition not listed explicitly on the schedule of benefits

Any illness resulting from the covered person's:

- Use of alcohol, drugs, narcotics, or hallucinogens not prescribed by a physician, or not used in the manner prescribed by the physician
- Commission of or attempt to commit a felony
- Self-inflicted injury, while sane or insane
- Suicide, or attempt to commit suicide
- Engagement in an illegal occupation
- Involvement in a war or act of war, declared or undeclared
- Participation in a riot

PRE-EXISTING CONDITION LIMITATION

No benefit will be paid for any condition caused by, contributed to, or resulting from a pre-existing condition which begins in the first twelve (12) months after the covered person's coverage effective date.

(5) **RENEWABILITY** - This policy is guaranteed renewable.

(6) **CONTINUATION** – Continuation of benefits is available for dependent children who reach the limiting age but are incapable of self-sustaining employment due to intellectual disability or physical handicap. Conversion is available for covered spouses and dependents if coverage ends due to the insured's death or divorce.