

TRUSTMARK INSURANCE COMPANY
"We, Us, and Our"
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**CRITICAL ILLNESS
PROTECTION CERTIFICATE
SUPPLEMENTAL COVERAGE**

**OUTLINE OF COVERAGE
RETAIN FOR YOUR RECORDS**

Certificate Form: CACIM-82001C
Certificate Title: Critical Illness Protection Certificate

- (1) **NOTICE --** This certificate is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. It should not be purchased by persons covered by Medicaid.

- (2) **READ THE CERTIFICATE CAREFULLY --** This outline of coverage provides a very brief description of the important features of the certificate. Please note that this outline is not intended to be a part of the insurance contract. Only the actual certificate provisions are final and binding. The certificate itself sets forth in detail your rights and obligations as well as those of the insurance company. PLEASE READ THE CERTIFICATE CAREFULLY!

- (3) **CRITICAL ILLNESS PROTECTION COVERAGE --** Certificates of this category are designed to provide, to persons insured, restricted coverage that pays benefits ONLY when certain losses occur as a result of the following Critical Illnesses:
 - Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)
 - Blindness
 - Coronary Artery Bypass Surgery
 - Heart Attack
 - Paralysis of at least Two Limbs
 - Stroke
 - Renal Failure
 - Transplant of a Major Organ

BENEFITS -- Except for Coronary Artery Bypass Surgery, the Certificate will pay the full benefit amount when a first diagnosis of each of the conditions listed above as covered Critical Illnesses is made so long as 90 consecutive days have elapsed between dates of first diagnosis. Also, 90 days must have elapsed since payment is made for a recurring condition. The benefit amount is limited to one full benefit amount for each defined condition listed above as a covered Critical Illness. There are no deductible or copayment provisions.

A partial benefit amount is payable for a first diagnosis of Coronary Artery Bypass Surgery and will only be paid once during each covered person's lifetime.

The first diagnosis must be made by a physician after the effective date and after the waiting period.

Another full benefit amount will be paid for recurrence of the same covered condition so long as payment was previously made under the Certificate for such condition, 12 months have elapsed between dates

of diagnosis and 90 consecutive days have elapsed between dates of diagnosis for a different covered condition for which payment is made under this Certificate.

No benefit payment will be paid for recurrence of Coronary Artery Bypass Surgery.

(4) **LIMITATIONS** -- The Certificate does not pay benefits for any other Critical Illness not specified in the policy.

(5) **EXCLUSIONS**

No benefits will be paid for:

Any condition caused by or resulting from a Pre-existing Condition in the first twelve (12) months after the covered Person's coverage Effective Date, except for congenital anomalies of a dependent newborn/ adopted newborn. A Pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received from a Physician within the six (6) month period preceding the Effective Date of coverage of a Covered Person.

Sickness caused by mental or emotional disorders, alcoholism, and drug addiction;

More than one First Diagnosis occurrence after the effective date and after the waiting period, except as otherwise specified in the Certificate;

Transient Ischemic Attacks, Reversible Ischemic Neurological Deficit, and attacks of Vertebrobasilar Ischemia;

Balloon Angioplasty, laser relief, or other like procedures;

Any Critical Illness resulting from:

Intentionally self-Inflicted injury, while sane or insane;

The covered person's commission of, or attempt to commit, a felony;

War or act of war, declared or undeclared;

The covered person's participation in a riot.

(6) **PRE-EXISTING CONDITION LIMITATION**

Pre-existing condition is defined as a condition for which medical advice, diagnosis, care or treatment was recommended or received from a Physician within the six (6) month period preceding the Effective Date of coverage of a Covered Person.

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