

TRUSTMARK INSURANCE COMPANY
400 Field Drive, Lake Forest, Illinois 60045

**CRITICAL ILLNESS
PROTECTION CERTIFICATE
SUPPLEMENTAL COVERAGE**

**OUTLINE OF COVERAGE
RETAIN FOR YOUR RECORDS**

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

- (1) **NOTICE** -- This certificate is designed only as a supplement to a comprehensive health insurance certificate 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 -- After the Benefit Amount shown on the Schedule is payable for a Covered Person for a First Diagnosis of a Critical Illness, the Additional Benefit rider will pay the Benefit Amount shown on the Schedule for a First Diagnosis of a subsequent and different Critical Illness, which occurs 6 months or more after the initial First Diagnosis. No more than one Benefit Amount will be paid for a Covered Person for the same Critical Illness that occurs more than once. There are no deductible or copayment provisions.

A Partial Benefit Amount shown on the Schedule is payable for a Covered Person for 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 which begins in the first twelve (12) months after the Covered Person's coverage Effective Date. 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.

A diagnosis made prior to the effective date;

Any disease, sickness or incapacity not specified in the certificate;

Sickness caused by alcohol, drugs, narcotics, or hallucinogens not prescribed by a physician, or not used in the manner prescribed by the physician;

More than one First Diagnosis occurrence after the effective date, 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:

Self-Inflicted injury, while sane or insane;

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

The covered person engaging in an illegal occupation;

War or act of war, declared or undeclared;

The covered person's participation in a riot.

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

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.