

TRUSTMARK INSURANCE COMPANY
"We, Us, and Our"
400 Field Drive, Lake Forest, Illinois 60045
(800) 918-8877

**FIRST DIAGNOSIS LIMITED BENEFIT CRITICAL ILLNESS
PROTECTION POLICY
SUPPLEMENTAL COVERAGE**

**OUTLINE OF COVERAGE
RETAIN FOR YOUR RECORDS**

Policy Form: CACIIND-82001P GA CI
Policy Title: Limited Benefit 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 this 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 PROTECTION COVERAGE** -- Policies 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 policy 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 policy 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 policy.

No benefit payment will be paid for recurrence of Coronary Artery Bypass Surgery, Renal Failure, Paralysis of at least Two Limbs, Blindness, or Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease).

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

(5) **EXCLUSIONS**

No benefits will be paid for:

A diagnosis made prior to the Effective Date, or during the Waiting Period, as applicable to the Covered Person;
Any disease, sickness or incapacity not specified as covered in this Policy;
Skin cancer; malignant melanoma (Stage I); Carcinoma In Situ, except as specified in this Policy;
More than one First Diagnosis occurrence except as specified in this Policy.