

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

**CRITICAL ILLNESS and CANCER
PROTECTION POLICY
SUPPLEMENTAL COVERAGE**

**OUTLINE OF COVERAGE
RETAIN FOR YOUR RECORDS**

THIS POLICY HAS A WAITING PERIOD OF 30 DAYS

Policy Form: CACIIND-82001P
Policy Title: Critical Illness and Cancer 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 AND CANCER 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 or Cancers:
 - 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
 - Invasive Cancer
 - Carcinoma In Situ

BENEFITS -- The Policy will pay the benefit amount when a First Diagnosis of Critical Illness, or Invasive Cancer or Carcinoma In Situ is made by a physician after the effective date and after the waiting period. There are no deductible or copayment provisions.

BENEFITS -- After the Benefit Amount shown on the Schedule is payable for a Covered Person for a First Diagnosis of Invasive Cancer or Critical Illness, the Additional Benefit rider will pay 50% of the Benefit Amount shown on the Schedule for a First Diagnosis of a subsequent and different Invasive Cancer or 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 Invasive Cancer or 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 a First Diagnosis of Carcinoma In Situ and Coronary Artery Bypass Surgery.

- (4) **LIMITATIONS** -- The policy does not pay benefits for any other Critical Illness, or Invasive Cancer or Carcinoma In Situ 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;
Basal cell carcinoma and squamous cell carcinoma of the skin; or
Melanoma that is diagnosed as Clarke's level I or II or Breslow's classification less than 0.75mm;
Pre-malignant tumors or polyps;
Sickness caused by alcohol, drugs, narcotics, or hallucinogens not prescribed by a physician, or not used in the manner prescribed by the physician;
Any disease, sickness or incapacity not specified in the policy;
More than one First Diagnosis occurrence after the effective date and after the waiting period, except as otherwise specified in the Policy;
Transient Ischemic Attacks, Reversible Ischemic Neurological Deficit, and attacks of Vertebrobasilar Ischemia.
Balloon Angioplasty, laser relief or other like procedures;
Any Invasive Cancer, Carcinoma in Situ or Critical Illness resulting from:
 The covered person's commission of, or attempt to commit, a felony;
 Self-inflicted injury, while sane or insane;
 The covered person's committing or attempting to commit suicide;
 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.