



Group Specified Disease Insurance



How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount.

What's covered?

Specified Diseases

- Heart attack
- Stroke
- Major organ failure
- Coronary artery disease (50%)
- Alzheimer's disease

Cancer conditions

- | | |
|--|-----------------------|
| • Invasive cancer — all breast cancer is considered invasive | • Skin cancer — \$500 |
| • Non-invasive cancer (25%) | |

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit

Every year, each family member who has Specified Disease coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:

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|--|--|
| • Annual exams by a physician include sports physicals, well-child visits, dental and vision exams | • Screenings for cholesterol and diabetes |
| • Screenings for cancer, including pap smear, colonoscopy | • Imaging studies, including chest X-ray, mammography |
| • Cardiovascular function screenings | • Immunizations including HPV, MMR, tetanus, influenza |

Who can get coverage?

You:	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses.

Monthly costs		
Age	Employee coverage: \$10,000 Spouse coverage: \$5,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$2.10	\$1.70
25 - 29	\$2.50	\$1.90
30 - 34	\$3.40	\$2.50
35 - 39	\$4.70	\$3.10
40 - 44	\$6.00	\$3.80
45 - 49	\$8.00	\$4.75
50 - 54	\$10.70	\$6.10
55 - 59	\$14.70	\$8.10
60 - 64	\$20.90	\$11.20
65 - 69	\$26.60	\$13.95
70 - 74	\$39.40	\$20.35
75 - 79	\$53.80	\$27.55
80 - 84	\$69.40	\$35.35
85+	\$99.40	\$50.40

Monthly costs		
Age	Employee coverage: \$30,000 Spouse coverage: \$15,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$6.30	\$5.10
25 - 29	\$7.50	\$5.70
30 - 34	\$10.20	\$7.50
35 - 39	\$14.10	\$9.30
40 - 44	\$18.00	\$11.40
45 - 49	\$24.00	\$14.25
50 - 54	\$32.10	\$18.30
55 - 59	\$44.10	\$24.30
60 - 64	\$62.70	\$33.60
65 - 69	\$79.80	\$41.85
70 - 74	\$118.20	\$61.05
75 - 79	\$161.40	\$82.65
80 - 84	\$208.20	\$106.05
85+	\$298.20	\$151.20

Monthly costs		
Age	Employee coverage: \$20,000 Spouse coverage: \$10,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$4.20	\$3.40
25 - 29	\$5.00	\$3.80
30 - 34	\$6.80	\$5.00
35 - 39	\$9.40	\$6.20
40 - 44	\$12.00	\$7.60
45 - 49	\$16.00	\$9.50
50 - 54	\$21.40	\$12.20
55 - 59	\$29.40	\$16.20
60 - 64	\$41.80	\$22.40
65 - 69	\$53.20	\$27.90
70 - 74	\$78.80	\$40.70
75 - 79	\$107.60	\$55.10
80 - 84	\$138.80	\$70.70
85+	\$198.80	\$100.80

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required 30 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees may have a waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.pdf>

Your paycheck deduction will include the cost of coverage and the Be Well Benefit. Actual billed amounts may vary.

Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

- participating in a felony; being engaged in an illegal occupation or activity; injuring oneself intentionally or attempting or committing suicide; active participation in a riot or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use any narcotic unless taken as prescribed or directed by the Insured's Physician; and being intoxicated;

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

Continuity of coverage

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date. Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate. If you have not returned to Active Employment before any Insured's Covered Loss, any benefits payable will be limited to what would have been paid by the prior carrier.

Covered Loss must be after the coverage effective date.

End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Specified Disease Insurance.

This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

Unum complies with applicable civil union and domestic partner laws.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Certificate Form GCIC16-1-NY and Policy Form GCIP16-1-NY or contact your Unum representative.

Underwritten by: Provident Life and Casualty Insurance Company, Chattanooga, TN

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SPECIFIED DISEASE COVERAGE NEW YORK

Provident Life and Casualty Insurance Company

REQUIRED DISCLOSURE STATEMENT

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.

If you are less than 65 years of age:

This Certificate of Coverage is a group Certificate of Coverage. This Certificate of Coverage provides specified disease coverage ONLY. This Certificate of Coverage does NOT provide basic hospital, basic medical or major medical insurance, as defined by the New York State Department of Financial Services.

If you are age 65 years or older:

This Certificate of Coverage is a group Certificate of Coverage. This Certificate of Coverage provides specified disease coverage ONLY. This Certificate of Coverage does NOT provide Medicare supplement insurance, long term care insurance, nursing home insurance only, home care insurance only or nursing home and home care insurance as defined by the New York State Department of Financial Services. You may also contact your local social security office or us and obtain a copy of the Guide to Health insurance for People with Medicare.

This disclosure statement and the disclosures on pages 1 and 2 are a very brief summary of your Certificate of Coverage.

The Certificate of Coverage itself sets forth the rights and obligations of both you and us. It is therefore imperative that you READ YOUR CERTIFICATE OF COVERAGE carefully.

The expected benefit ratio for the Certificate of Coverage is 70%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with the Certificate of Coverage.

A synopsis of the benefits, exclusions and limitations of the Certificate of Coverage is listed below. Your Certificate of Coverage will include the actual coverage provided:

For You	For Your Spouse	For Your Children
\$10,000, \$20,000 or \$30,000	50% of your Coverage Amount	50% of your Coverage Amount

SPECIFIED DISEASE COVERAGE — NEW YORK

Covered Conditions

Specified Diseases	Percentage of Coverage Amount
Alzheimer's Disease	100%
Coronary Heart Disease	50%
Heart Attack (Myocardial Infarction)	100%
Major Organ Failure	100%
Stroke	100%

Cancer	Percentage of Coverage Amount
Invasive Cancer (including all Breast Cancer)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$500

Exclusions

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

- participating in a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide;
- active participation in a riot or insurrection. This does not include civil commotion or disorder, injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- voluntary use of any narcotic unless taken as prescribed or directed by the Insured's Physician; and
- being intoxicated.

Additionally, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date.

Pre-existing Condition

We will not pay benefits for a Covered Loss when a Date of Diagnosis for a Covered Loss occurs in the first 6 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by, or occurs as a result of any of the following:

- a Pre-existing Condition; or
- complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.

An Insured has a Pre-existing Condition if, within the months just prior to their Coverage Effective Date, they have an Injury or Sickness for which medical advice was given or treatment was received or recommended to be received during that period.

This Pre-existing Condition provision will not apply if the Date of Diagnosis for a Covered Condition occurs after the first 6 months following an Insured's Coverage Effective Date.

Pre-existing Condition requirements are not applicable to:

- Children who are newly acquired after your Coverage Effective Date.

The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.