



# Transport Workers Union of America Air Transport Division Benefits At-A-Glance

## Critical Illness Insurance

### The Lincoln Critical Illness Insurance Plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for employees
- Includes access to a personal health advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

### Critical Illness Insurance | Employee

Guaranteed coverage amounts	\$10,000 or \$20,000
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#### Guaranteed coverage amounts

- You can choose from the coverage amounts above
- Benefits for covered critical illnesses diagnosed on or after age 70 reduce 50%.

### Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

### Critical Illness Insurance | Spouse

Guaranteed coverage amount	\$5,000 or \$10,000 (up to 50% of the employee coverage amount)
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#### Guaranteed coverage amounts

- You can choose from the coverage amounts above for your spouse.
- Benefits for covered critical illnesses diagnosed on or after age 70 reduce 50%

### Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

### Critical Illness Insurance | Children

Guaranteed coverage amount	\$5,000 or \$10,000 (up to 50% of the employee coverage amount)
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#### Guaranteed coverage amounts

- You can choose from the coverage amounts above for your dependent children

**No money is due at enrollment.** Your premium simply comes out of your paycheck.

## Core Benefits

Covered Conditions	Benefit Percentage
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal (kidney) Failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	30%
Skin Cancer (other than melanoma)	\$250 per lifetime

Supplemental Conditions	
Advanced Huntington's disease	25%
Advanced ALS/Lou Gehrig's disease	25%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	25%
Advanced multiple sclerosis	25%

Additional Childhood Conditions	Benefit Percentage
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 Diabetes	100%

*Health Assessment / Wellness Benefit	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	Level: \$50

\*Not available in Missouri

Additional Plan Benefit(s)	
Health Advocate Services	Included
Portability	Included

**Note:** See the policy for details and specific requirements for each of these benefits.

## Benefit Exclusions

The plan includes only covered conditions or losses that occur when the insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony; participation in a felony; committing a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; active participation in a riot, insurrection or rebellion; voluntary participation in a riot, insurrection or rebellion; participation in a riot or insurrection; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months. A Covered Condition sustained while residing outside the United States, its possessions, Canada, or Mexico for more than 12 months, unless the Covered Condition is rediagnosed/confirmed in the United States.

*Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.*

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

**Questions? Call 800-423-2765**

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern. Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.

