

**Employer Plan Summary for:**  
**12537000 - Longbridge Financial, LLC**

## Critical Illness

Coverage Details	
Symetra's voluntary critical illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage takes effect for the individual. Covered conditions include cancer, heart attack and other critical illnesses due to disease. Covered critical illness conditions are grouped into benefit categories. The benefit is payable once for a specific covered critical illness, up to 100% of the benefit amount payable for each category of covered critical illness.	
Category 1	Invasive cancer: 100%, minor cancer: 25%
Category 2	Heart attack and stroke: 100%, coronary artery disease needing surgery or angioplasty: 25%
Category 3	Coma due to accident, occupational HIV infection, loss of sight, loss of speech, loss of hearing, major organ failure, end-stage renal failure, paralysis due to accident, severe burns: 100%
Category 4	Moderately Severe Alzheimer's disease, multiple sclerosis, Parkinson's disease, ALS and other motor neuron diseases: 100%
Employee Benefit Amount(s)	
Critical Illness benefit: \$5,000, \$10,000, \$15,000, \$20,000 Guaranteed Issue Amount: Up to \$20,000	
Dependent Benefit Amount(s)	
Spouse: 50% of the employee's benefit. Guaranteed Issue Amount: 50% of the employee's guaranteed issue amount. Child: 25% of the employee's benefit, not to exceed \$10,000. Guaranteed Issue Amount: 25% of the employee's guaranteed issued amount.	
<b>Guaranteed Issue (GI)</b>	Guaranteed issue is the benefit amount available without the need for evidence of insurability at the time an individual is first eligible for coverage. The spouse has a different GI amount.
<b>Evidence of Insurability</b>	The guaranteed issue benefit amounts in our offering are available with no medical underwriting. EOI will not be required at initial open or annual enrollment. Outside of selecting coverage during an enrollment period, EOI will not be required during the plan year when an employee pursues coverage as a new employee or as an existing employee following an approved change in life status when said elections are made within 30 days of eligibility under the plan or the change in
<b>Benefit Reduction Schedule</b>	The benefit amount for employee, spouse, and child is reduced by 50% on the policy anniversary date that occurs on or follows the employee's 70th birthday. There is no benefit reduction schedule for individuals that reside in New Jersey.
<b>Benefit Waiting Period</b>	There is no benefit waiting period for this proposal.
<b>Pre-Existing Condition</b>	There are no pre-existing condition limitations for this proposal.
<b>Separation Period</b>	The time period between the diagnosis dates of different critical illnesses in either the same or another critical illness category. Benefits for different covered critical illness may be payable if the dates when each of the conditions is diagnosed are separated by at least 6 months. The separation period is 6 months for individuals that reside in Colorado.
<b>Continuation of Coverage</b>	Allows coverage to be continued for a limited duration following termination of employment or temporary absence.
Options	
<b>Health Screening Benefit</b>	Pays an annual benefit amount of \$50 for x-ray and laboratory tests only incurred by either the employee or spouse.
<b>Recurrence Benefit</b>	Pays an additional benefit of 100% of the critical illness benefit when a specific critical illness recurs more than 365 days after the first diagnosis.

**Employee Eligibility:** An employee must be actively at work, employed by the eligible group and performing for wage or profit all of the normal duties required of a job. The minimum number of 20 hours/week must be met.

Employer sponsored biometric testing completed at the workplace is not covered under the Health Screening Benefit.

Refer to the State Variations report for any differences by state for your proposal.

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory. Symetra® is a registered service mark of Symetra Life Insurance Company.

## **Description of Benefits for:**

**12537000 - Longbridge Financial, LLC**

# **Critical Illness**

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## **Critical Illness Benefit**

Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect. Covered conditions are grouped into benefit categories. Benefits for covered conditions will be paid at a percentage of the policy amount per category (up to 100%). Below are the definitions of the conditions covered.

## **CATEGORY 1**

### **Invasive Cancer**

Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The term cancer may include leukemia, lymphoma, sarcoma, and Hodgkin's disease. Invasive Cancer must be diagnosed by a specialist according to a pathological or clinical diagnosis.

### **Minor Cancer**

Minor Cancer is defined as a diagnosis of one of the following four malignant cancers: 1) carcinoma in-situ; 2) malignant prostate cancer; 3) malignant melanoma; 4) malignant thyroid cancer. The diagnosis must be confirmed with a report from a specialist that includes the pathology report.

## **CATEGORY 2**

### **Heart Attack (Myocardial Infarction)**

Heart Attack (Myocardial Infarction) is defined as the ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries. The diagnosis must be made by a specialist and based on all three of the following criteria: 1) new clinical presentation; 2) electrocardiographic changes consistent with an evolving heart attack; 3) serial measurement of cardiac biomarkers.

### **Stroke**

Stroke is defined as cerebrovascular incident resulting in an irreversible death of brain tissue due to intracranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel. This event must result in permanent neurological functional impairment with objective neurological abnormal signs on physical examination by a specialist at least 30 days after the event.

### **Coronary Artery Disease Needing Surgery or Angioplasty**

Coronary Artery Disease Needing Surgery or Angioplasty is defined as coronary artery disease with blockages in one or more coronary artery(s) demonstrated on cardiac catheterization coronary angiography that requires the insured to undergo either coronary artery bypass surgery or coronary angioplasty. A specialist must report that the insured requires surgical intervention on the coronary artery(s) following clinically accepted cardiovascular surgery guidelines.

## **CATEGORY 3**

### **Coma Due to Accident**

Coma due to accident is defined as a coma that results from an accidental injury that occurred while covered under the policy. This diagnosis must be supported by evidence of the following: 1) no response to external stimuli; 2) life support measures are necessary to sustain life; 3) brain damage resulting in permanent neurological deficit.

## **Occupational Human Immunodeficiency Virus (HIV) Infection Due to Accident**

Occupational Human Immunodeficiency Virus (HIV) Infection is defined as infection with the human immunodeficiency virus (HIV) resulting from an accidental injury which exposed the insured to HIV-contaminated blood or bodily fluids during the course of the duties of the insured's normal occupation. The accident causing the infection of HIV must have occurred in the United States and while covered under the policy.

## **Loss of Sight**

Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. A specialist must clinically confirm that the insured's corrected visual acuity is 20/200 or less or the field of vision is less than 20 degrees in both eyes.

## **Loss of Speech**

Loss of Speech is defined as permanent loss of the ability to speak to the extent that the insured is unintelligible to another person with normal hearing. The insured must be able to demonstrate that the loss has been continuous for at least 180 days. The diagnosis of loss must be made by a specialist.

## **Loss of Hearing**

Loss of Hearing is defined as permanent reduction of hearing in both ears to a point that the insured is unable to hear sounds at or below (90 decibels). The diagnosis must be made by a specialist as diagnosed by audiometric testing.

## **Major Organ Failure**

Major Organ Failure is defined as the failure of bone marrow, heart, liver, lung, pancreas, or small bowel. A specialist must determine that a transplant of one or a combination of the above mentioned organs is necessary to treat organ failure in the insured. The insured must be included on an official USA transplant waiting list such as the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP).

## **End Stage Renal Failure (Kidney Failure)**

End Stage Renal Failure (Kidney Failure) is defined as the total and irreversible failure of both kidneys which requires permanent regular renal dialysis or a kidney transplant. A specialist must confirm that either of the following is necessary: 1) The insured must undergo regular renal dialysis at least weekly; 2) The insured needs a kidney transplant and is included on an official USA transplant waiting list such as the United Network for Organ Sharing (UNOS).

## **Paralysis Due to Accident**

Paralysis Due to Accident is defined as paralysis with quadriplegia, paraplegia, hemiplegia, or diplegia, as the result of an accident that occurred while covered under the policy. There must be complete and permanent loss of use of two or more limbs that is present for a continuous period of at least 180 days.

## **Severe Burns**

Severe Burns is defined as having sustained third degree burns. The third degree burns must cover at least 20% of the surface area of an insured's body.

## **CATEGORY 4**

### **Moderately Severe Alzheimer's Disease**

Moderately Severe Alzheimer's is defined as dementia due to Alzheimer's disease, where there is progressive and permanent deterioration of memory and intellectual capacity. The diagnosis must be confirmed by a specialist and supported by a Mini-mental Exam Score (MMSE) that must be less than 20 out of 30 or an equivalent of this score using other cognitive Alzheimer's tests.

## **Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases**

Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases is diagnosed by a specialist and defined as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) or primary lateral sclerosis. There must be objective evidence of motor dysfunction with muscle weakness for a continuous period of time of at least 90 days.

## **Multiple Sclerosis**

Multiple Sclerosis diagnosed by a specialist and defined as permanent functional neurological impairment with objective evidence of motor or sensory dysfunction confirmed by objective neurological investigations (i.e. lumbar puncture, evoked visual responses, evoked auditory responses and MRI evidence of lesions of the central nervous system).

## **Parkinson's Disease**

Parkinson's disease is diagnosed by a specialist and defined as unequivocal diagnosis of idiopathic Parkinson's disease. Disease characteristics include resting tremor, rigidity, bradykinesia and gait disturbance compatible with the diagnosis of Parkinson's disease.

## **Continuation of Coverage during Temporary Absence**

Coverage may continue beyond the day it would otherwise cease under the termination provisions if the insured is absent from work due to any of the following reasons. In no event will coverage continue beyond the maximum time shown below for any temporary absence. If the insured is eligible to continue coverage for more than one reason, the periods of continuation will run concurrently. The continuation periods may not be applied consecutively. Continuation of coverage is subject to the payment of required premium.

### **Illness or Injury:**

If absent from work due to illness or injury, all coverage may be continued for a period of 3 consecutive months from the date last actively at work.

### **Personal Leave of Absence**

If on a documented leave of absence, all coverage may be continued for up to 1 month following the date last actively at work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

## **Post-Termination Continuation of Coverage**

Coverage for the insured may be continued up to three additional months following termination of employment if the group policy remains effective. Review of the Certificate of Coverage to understand the full details of our continuation provision is always recommended.

## **Health Screening Benefit**

The health screen benefit is only available to employees and their spouse. It does not apply to dependent children. The benefit will be paid once during a calendar year regardless of the number of x-rays or laboratory tests administered during that year.

1. Tests to Screen for Cancer:
  - (a) Biopsy
  - (b) Bone marrow testing
  - (c) Breast ultrasound
  - (d) CA 125 (blood test for ovarian cancer)
  - (e) CA 15-3 (blood test for breast cancer)
  - (f) CEA (blood test for colon cancer)
  - (g) Colonoscopy

- (h) Flexible sigmoidoscopy
  - (i) Hemocult stool specimen
  - (j) Mammogram
  - (k) Pap test
  - (l) PSA (prostate-specific antigen tests)
  - (m) Serum protein electrophoresis (blood test for myeloma)
  - (n) Thermography
2. Tests to screen for Heart-related Disease
    - (a) Blood test for triglycerides
    - (b) Chest x-ray
    - (c) Serum cholesterol test to determine HDL/LDL level
    - (d) Stress test on a bicycle or treadmill
  3. Test to screen for Organ-related Disease
    - (a) Fasting blood glucose test

### **Recurrence Benefit**

The Recurrence Benefit is paid if a critical illness previously paid under the policy is diagnosed a second time while eligible under the policy. The following conditions must be satisfied to be eligible for the benefit:

- a. The subsequent condition is a critical illness that qualifies for the recurrence benefit (see below).
- b. The subsequent condition satisfies policy requirements to be considered a covered critical illness condition.
- c. The subsequent condition occurred and is diagnosed at least 365 days after the date of the diagnosis of the paid critical illness benefit.
- d. The subsequent diagnosis must be made while the insured is covered under the policy.

The recurrence benefit is only payable one time. The benefit is not available when an insured has already received a recurrence benefit. The following covered critical illness conditions qualify for the benefit:

Invasive Cancer	Major Organ Failure
Heart Attack	Paralysis Due to Accident
Stroke	Severe Burns
Coma Due to Accident	

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

Rates for:

12537000 - Longbridge Financial, LLC

## Critical Illness

### Employee Benefit Amount(s)

Critical Illness benefit: \$5,000, \$10,000, \$15,000, \$20,000

Guaranteed Issue Amount: Up to \$20,000

### Dependent Benefit Amount(s)

Spouse: 50% of the employee's benefit. Guaranteed Issue Amount: 50% of the employee's guaranteed issue amount.

Child: 25% of the employee's benefit, not to exceed \$10,000. Guaranteed Issue Amount: 25% of the employee's guaranteed issued amount.

Cost is dependent upon how much coverage is selected and the age of the insured as of the effective date. Because attained age rating applies, premiums may increase due to age changes upon the start of the next policy year.

## Monthly 4-Tier Premium Rates

Employee Attained Age		\$5,000	\$10,000	\$15,000	\$20,000
Employee	24 or less	\$ 1.98	\$ 2.46	\$ 2.93	\$ 3.40
	25-29	\$ 2.13	\$ 2.75	\$ 3.37	\$ 3.99
	30-34	\$ 2.45	\$ 3.38	\$ 4.32	\$ 5.26
	35-39	\$ 3.05	\$ 4.58	\$ 6.12	\$ 7.65
	40-44	\$ 4.14	\$ 6.76	\$ 9.38	\$ 12.01
	45-49	\$ 5.53	\$ 9.55	\$ 13.56	\$ 17.58
	50-54	\$ 7.57	\$ 13.62	\$ 19.67	\$ 25.72
	55-59	\$ 10.36	\$ 19.20	\$ 28.05	\$ 36.89
	60-64	\$ 14.41	\$ 27.30	\$ 40.19	\$ 53.08
	65-69	\$ 20.38	\$ 39.24	\$ 58.11	\$ 76.97
	70-74	\$ 26.93	\$ 52.34	\$ 77.76	\$ 103.17
	75-79	\$ 35.37	\$ 69.23	\$ 103.09	\$ 136.94
	80-84	\$ 45.00	\$ 88.48	\$ 131.96	\$ 175.45
	85+	\$ 63.08	\$ 124.65	\$ 186.21	\$ 247.78
Employee + Spouse	24 or less	\$ 3.74	\$ 4.44	\$ 5.15	\$ 5.86
	25-29	\$ 3.95	\$ 4.88	\$ 5.81	\$ 6.74
	30-34	\$ 4.43	\$ 5.84	\$ 7.24	\$ 8.64
	35-39	\$ 5.33	\$ 7.63	\$ 9.93	\$ 12.23
	40-44	\$ 6.96	\$ 10.90	\$ 14.83	\$ 18.77
	45-49	\$ 9.05	\$ 15.08	\$ 21.10	\$ 27.13
	50-54	\$ 12.11	\$ 21.19	\$ 30.27	\$ 39.35
	55-59	\$ 16.30	\$ 29.57	\$ 42.84	\$ 56.11
	60-64	\$ 22.35	\$ 41.67	\$ 60.99	\$ 80.32
	65-69	\$ 31.32	\$ 59.61	\$ 87.91	\$ 116.20
	70-74	\$ 41.17	\$ 79.32	\$ 117.46	\$ 155.61
	75-79	\$ 53.84	\$ 104.65	\$ 155.47	\$ 206.28
	80-84	\$ 68.23	\$ 133.44	\$ 198.65	\$ 263.85
	85+	\$ 95.41	\$ 187.80	\$ 280.19	\$ 372.58

## Monthly 4-Tier Premium Rates (Continued)

Employee Attained Age		\$5,000	\$10,000	\$15,000	\$20,000
Employee + Child(ren)	24 or less	\$ 2.11	\$ 2.70	\$ 3.30	\$ 3.89
	25-29	\$ 2.26	\$ 3.00	\$ 3.74	\$ 4.48
	30-34	\$ 2.57	\$ 3.63	\$ 4.69	\$ 5.74
	35-39	\$ 3.17	\$ 4.83	\$ 6.49	\$ 8.15
	40-44	\$ 4.26	\$ 7.00	\$ 9.75	\$ 12.49
	45-49	\$ 5.65	\$ 9.79	\$ 13.92	\$ 18.06
	50-54	\$ 7.68	\$ 13.86	\$ 20.03	\$ 26.20
	55-59	\$ 10.48	\$ 19.44	\$ 28.41	\$ 37.37
	60-64	\$ 14.52	\$ 27.53	\$ 40.53	\$ 53.54
	65-69	\$ 20.50	\$ 39.48	\$ 58.46	\$ 77.45
	70-74	\$ 27.05	\$ 52.59	\$ 78.13	\$ 103.66
	75-79	\$ 35.50	\$ 69.48	\$ 103.46	\$ 137.44
	80-84	\$ 45.00	\$ 88.48	\$ 131.96	\$ 175.45
	85+	\$ 63.08	\$ 124.65	\$ 186.21	\$ 247.78
Employee + Family	24 or less	\$ 3.86	\$ 4.69	\$ 5.52	\$ 6.35
	25-29	\$ 4.08	\$ 5.13	\$ 6.18	\$ 7.23
	30-34	\$ 4.55	\$ 6.07	\$ 7.59	\$ 9.12
	35-39	\$ 5.45	\$ 7.87	\$ 10.29	\$ 12.71
	40-44	\$ 7.08	\$ 11.13	\$ 15.19	\$ 19.24
	45-49	\$ 9.17	\$ 15.31	\$ 21.46	\$ 27.60
	50-54	\$ 12.23	\$ 21.42	\$ 30.62	\$ 39.82
	55-59	\$ 16.41	\$ 29.79	\$ 43.18	\$ 56.56
	60-64	\$ 22.47	\$ 41.92	\$ 61.37	\$ 80.82
	65-69	\$ 31.44	\$ 59.85	\$ 88.26	\$ 116.67
	70-74	\$ 41.24	\$ 79.45	\$ 117.66	\$ 155.87
	75-79	\$ 53.91	\$ 104.80	\$ 155.68	\$ 206.57
	80-84	\$ 68.28	\$ 133.53	\$ 198.78	\$ 264.03
	85+	\$ 95.41	\$ 187.80	\$ 280.19	\$ 372.58

Rates include Health Screening benefit for Employee and Spouse

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory. Symetra® is a registered service mark of Symetra Life Insurance Company.