

# Voluntary Critical Illness Insurance

A limited benefit policy  
Group product base



## Critical Illness voluntary coverage pays benefits however you want

With our critical illness plan, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, or coronary artery bypass graft. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

## Why do I need critical illness coverage?

These plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training not covered by your primary health insurance
- Pay for travel to treatment facilities away from home - and for family visits

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with these diseases.

## Here's how it works

All benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can even bring the coverage with you if you change employers.

## Protect your financial security

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones in the event of an unexpected critical illness.

Underwritten by:



*A Prosperity Life Group® Company*



Product is issued by Shenandoah Life Insurance Company, a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication. For latest rating, see [www.ambest.com](http://www.ambest.com).

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## KANSAS

## Douglas County Government

Consider coverage that helps protect you, your family, and your assets in the event of a critical illness. It offers specialized benefits to supplement other health insurance when you and your family may be most vulnerable: during the working years. Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

### Coverage type

Voluntary Critical Illness insurance is a group policy form that pays specified benefits upon initial diagnosis and re-occurrence of heart attack, stroke and other named covered critical illnesses. ***Certain limitations and exclusions, including a pre-existing condition limitation and a benefit suspension period, apply. See page 6 for further details.***

### Base Coverage Benefit

#### COVERED CRITICAL ILLNESS/BENEFIT AMOUNT PERCENTAGE:

Heart Attack – 100%	Coma – 100%
Stroke – 100%	Severe Burns – 100%
Coronary Artery Bypass Graft – 50%	Motor Neuron Disease/ALS – 100%
Major Organ Transplant- 100%	Advanced Alzheimer’s Disease - 100%
Kidney Failure – 100%	
Paralysis – 100%	

**INITIAL BENEFIT AMOUNT** – We will pay the Initial Benefit Amount when a Covered Person is diagnosed with a covered Critical Illness while the coverage is in force.

*Initial Benefit Amount = the coverage amount for the Covered Person shown below multiplied by the percentage applicable to the covered Critical Illness shown above.*

*Limitations apply. See page 6.*

- Named Insured: Level One: \$ 2,500-50,000
- Spouse: 50% of the Named Insured
- Dependent Children: 25% of the Named Insured

**REOCCURRENCE BENEFIT AMOUNT** – We will pay 100% of the Initial Benefit Amount if a Covered Person is diagnosed for the second time with the same Critical Illness for which an Initial Benefit Amount was previously paid if a covered participant is treatment-free for at least 180 days.

*Limitations apply. See page 6.*

#### ISSUE AGE UNI-TOBACCO RATES

Age banded rates based on the employee’s age with level premiums that do not increase due to age.

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Optional Benefit Riders	Level 1
<p>• <b>ANNUAL HEALTH SCREENING TESTS BENEFIT RIDER</b></p> <p>We will pay an amount not to exceed the Annual Health Screening Tests Benefit amount per calendar year per Covered Person for any of the following tests or procedures that occur while coverage under the rider is in force:</p> <ul style="list-style-type: none"> <li>• Blood test for triglycerides</li> <li>• Bone marrow testing</li> <li>• Breast ultrasound</li> <li>• CA 15-3 (blood test for breast cancer)</li> <li>• CA125 (blood test for ovarian cancer)</li> <li>• Carotid doppler</li> <li>• CEA (blood test for colon cancer)</li> <li>• Chest x-ray</li> <li>• Colonoscopy</li> <li>• Echocardiogram (ECHO)</li> <li>• Electrocardiogram (EKG, ECG)</li> <li>• Fasting blood glucose test</li> <li>• Flexible sigmoidoscopy</li> <li>• Hemocult stool analysis</li> <li>• Mammography</li> <li>• Pap smear</li> <li>• PSA (blood test for prostate cancer)</li> <li>• Serum cholesterol test to determine level of HDL and LDL</li> <li>• Serum protein electrophoresis (blood test for myeloma)</li> <li>• Stress test on a bicycle or treadmill</li> <li>• Skin cancer biopsy</li> <li>• Thermography</li> <li>• ThinPrep pap test</li> <li>• Virtual colonoscopy</li> </ul>	<p style="text-align: center;">\$50 per Calendar Year</p>

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## Continuation of Coverage Benefit

We will waive all monthly premiums due for the Certificate and in force riders for two months if the Named Insured meets all of the following conditions:

- a. Your Certificate has been in force for at least six months;
- b. We have received premiums for at least six consecutive months;
- c. Your premiums have been paid through list bill, common remitter or payroll deduction;
- d. You or the Policyholder has notified Us in writing within 30 days of the date Your premium payments ceased due to You being no longer affiliated with the Policyholder; and
- e. You re-establish premium payments through: a) a new list bill, common remitter or payroll deduction process through current employment; or b) direct payment to Us in an automatic deduction system established by Us.

You will become eligible again to receive this benefit after: a) You re-establish the premium payments through list bill, common remitter or payroll deduction for a period of at least six months; and b) We receive premiums for at least six consecutive months.

## Coverage Portability

Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Group Policyholder's Master Policy.

## Pre-Existing Condition Limitation Period: 12 months

See page 6 for details.

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## Critical Illness Plan Proposed Monthly Rates:

Displaying Monthly payroll deductions based on monthly premium calculation.

		Level One								
Rate Tier	Issue Age	Monthly Premium by Benefit Amount								
		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$50,000
Employee Only	17-29	1.51	2.63	3.76	4.89	6.02	7.14	8.27	9.40	11.65
	30-39	2.70	4.85	7.00	9.16	11.31	13.46	15.61	17.76	22.07
	40-49	5.22	9.58	13.93	18.29	22.65	27.01	31.37	35.72	44.44
	50-59	9.84	18.55	27.26	35.97	44.68	53.38	62.09	70.80	88.22
	60-64	15.93	30.50	45.06	59.62	74.18	88.75	103.31	117.87	147.00
	65-69	20.88	40.26	59.64	79.01	98.39	117.77	137.15	156.53	195.28
	70-74	29.25	56.86	84.47	112.08	139.69	167.30	194.91	222.51	277.73
	75-79	37.17	72.71	108.24	143.77	179.30	214.84	250.37	285.90	356.97
80+	48.10	94.56	141.03	187.49	233.95	280.41	326.87	373.33	466.26	
Employee & Spouse	17-29	2.34	3.95	5.57	7.18	8.80	10.42	12.03	13.65	16.88
	30-39	4.12	7.21	10.29	13.38	16.47	19.55	22.64	25.73	31.90
	40-49	7.86	14.12	20.37	26.62	32.87	39.13	45.38	51.63	64.14
	50-59	14.62	27.12	39.62	52.11	64.61	77.11	89.61	102.11	127.11
	60-64	23.45	44.35	65.25	86.15	107.05	127.95	148.85	169.75	211.55
	65-69	30.62	58.44	86.25	114.07	141.88	169.69	197.51	225.32	280.95
	70-74	42.69	82.31	121.93	161.56	201.18	240.80	280.42	320.04	399.29
	75-79	54.06	105.05	156.04	207.03	258.02	309.01	360.00	410.99	512.97
80+	69.74	136.42	203.09	269.76	336.44	403.11	469.78	536.46	669.80	
Single Parent Family	17-29	1.63	2.82	4.01	5.19	6.38	7.57	8.76	9.95	12.33
	30-39	2.82	5.04	7.25	9.46	11.68	13.89	16.10	18.31	22.74
	40-49	5.34	9.76	14.18	18.60	23.02	27.44	31.86	36.28	45.11
	50-59	9.96	18.73	27.50	36.27	45.04	53.81	62.58	71.35	88.89
	60-64	16.04	30.67	45.29	59.92	74.54	89.17	103.79	118.41	147.66
	65-69	21.00	40.44	59.88	79.32	98.76	118.20	137.64	157.08	195.96
	70-74	29.36	57.03	84.70	112.37	140.04	167.71	195.38	223.06	278.40
	75-79	37.28	72.88	108.47	144.07	179.66	215.26	250.85	286.44	357.63
80+	48.21	94.74	141.26	187.78	234.31	280.83	327.35	373.88	466.92	
Two-Parent Family	17-29	2.45	4.13	5.80	7.48	9.16	10.84	12.51	14.19	17.55
	30-39	4.24	7.39	10.54	13.69	16.83	19.98	23.13	26.28	32.58
	40-49	7.98	14.30	20.61	26.93	33.24	39.55	45.87	52.18	64.81
	50-59	14.73	27.29	39.85	52.41	64.97	77.53	90.09	102.65	127.77
	60-64	23.57	44.53	65.49	86.46	107.42	128.38	149.34	170.30	212.23
	65-69	30.75	58.62	86.50	114.37	142.25	170.12	198.00	225.88	281.63
	70-74	42.80	82.49	122.17	161.85	201.54	241.22	280.90	320.58	399.95
	75-79	54.17	105.22	156.28	207.33	258.38	309.43	360.48	411.53	513.64
80+	69.85	136.59	203.32	270.06	336.79	403.53	470.26	537.00	670.47	

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## **CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE**

**EMPLOYEE ELIGIBILITY:** All active employees over 18 years of age working a minimum of 16 hours per week.

### **LIMITATIONS AND EXCLUSIONS**

We will not pay an Initial Critical Illness Benefit for additional Critical Illnesses that are diagnosed during the Benefit Suspension Period. A Covered Person can receive one Initial Critical Illness Benefit per Critical Illness per lifetime.

We will not pay a Reoccurrence of Critical Illness Benefit for the reoccurrence of a Critical Illness during the Benefit Suspension Period. A Covered Person can receive one Reoccurrence of Critical Illness Benefit per Critical Illness per lifetime.

The Benefit Suspension Period is the 180 day period following the date either an Initial Critical Illness Benefit or Reoccurrence of a Critical Illness Benefit is paid for a covered Critical Illness with respect to a Covered Person.

For two or more Critical Illnesses diagnosed on the same day, We will pay only for the Critical Illness with the largest benefit.

### **Pre-Existing Condition Limitation:**

Benefits will not be paid for any loss that is a Pre-Existing Condition. A Pre-Existing Condition is a condition, whether diagnosed or not, for which symptoms existed within the Pre-Existing Condition Limitation Period or for which medical advice or treatment was recommended or received from a physician within the same period.

No Pre-Existing Condition limitation will be applied for Dependent Children who are born or adopted while the named insured is covered, and who are continuously covered from the date of birth or adoption. Credit toward the satisfaction of the Pre-Existing Condition Limitation Period will be given for any continuous time the Covered Person was covered under the pre-existing condition clause of previous coverage through another carrier if: (1) the previous coverage was similar to or exceeded coverage under this plan; (2) the Covered Person was insured under the previous coverage at the time of enrollment in this plan; and (3) the Covered Person was insured under the coverage provided under this plan on the Certificate Effective Date. The Covered Person is responsible for furnishing proof of their previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.

### **Other Exclusions:**

Benefits are not payable for:

- any loss due to a condition excluded by name or description within the Certificate or any attached rider;
- care or treatment received outside the territorial limits of the United States;
- losses or medical expenses incurred prior to the Certificate Effective Date; or
- Critical Illness that is, or is caused by or contributed to by, or results from:
  - intentionally self-inflicted injury or action;
  - illegal activities or participation in an illegal occupation;
  - suicide while sane, or self-destruction while insane, or any attempt at either;
  - substance abuse, to include abuse of alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of a non-prescribed drug or narcotic; or
  - the Covered Person being under the influence of alcohol, a drug, or a narcotic, unless administered and taken as prescribed by a Physician.

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## **OTHER INFORMATION**

**Renewability:** The coverage is guaranteed renewable during the Named Insured's lifetime, except for fraud or material misrepresentation, so long as premiums are paid on time.

**Termination:** Coverage for the Named Insured will terminate on the earliest of the following: (1) the date premium is not paid when due, subject to the grace period provision; (2) the date the Named Insured so requests, subject to 31 days' written notification; (3) the date the Master Group Policy terminates; or (4) the date the Named Insured dies. Spouse and dependent care coverage, if applicable, will terminate on the earliest of: (1) the date the premium for the spouse or dependent child coverage, as applicable, is not paid when due, subject to the grace period provision; (2) the date the Covered Person ceases to qualify as a spouse or dependent child, as applicable; (3) the date the Named Insured so requests, subject to 31 days' written notification; (4) the date coverage for the Named Insured terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

**Premiums:** Premiums may be changed upon 45 days written notice. Premiums will not increase on the group plan during the rate guarantee period of 1 year from the Group Master Policy effective date.

**Portability and Conversion:** Portability coverage is available, subject to the timely payment of premiums, if the Named Insured's coverage terminates for reasons other than non-payment of premium or cancellation by the Named Insured, or if the Named Insured ceases to be a member of the eligible class. Written request and payment of the first premiums for the portability coverage must be received no later than 30 days after such termination or change in eligibility status. Premium rates will be based on rates in effect at the time of the qualifying event.

If a spouse's coverage ends due to the death of the Named Insured or a divorce, the spouse may elect to convert coverage for him/herself alone or for him/herself and any dependent children. If a dependent child's coverage ends due to attainment of the limiting age, the dependent child may elect to convert coverage. Written request and payment of the first premiums for conversion must be received no later than 30 days after the qualifying event. Premium rates will be based on rates in effect at the time of conversion and may change.

**Free-Look Period:** The Named Insured has 30 days to review the Certificate and return it for a full refund of any premium paid.

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