



Employees of County of San Diego

Benefits At-A-Glance

Coverage for you

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
- For Claims questions please reach out to Lincoln Financial Group at Claims@lfg.com or **888-480-8710**
- For Enrollment Questions please reach out to Lincoln Financial Group at **888-480-8710**

A person must be covered by an individual or group policy or contract that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. If a person and any dependents to be enrolled are not covered by such a plan, they may not enroll for critical illness insurance.

Critical Illness Insurance | Employee

Guaranteed coverage amounts	\$10,000, \$20,000, \$30,000, or \$40,000
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) above

Coverage for your spouse/domestic partner

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

Critical Illness Insurance | Spouse/Domestic Partner

Guaranteed coverage amount	\$5,000, \$10,000, \$15,000, or \$20,000 (up to 50% of the employee coverage amount)
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) for your spouse/domestic partner

Coverage for your dependent children

Your dependent children automatically receive 50% of your coverage amount at no extra cost.

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)	\$750 per lifetime
Supplemental Conditions	
Advanced COPD	100%
AIDS	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	50%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	25%
Benign brain tumor	100%
Loss of sight, hearing and/or speech	100%
Accidental Injuries Benefit	Benefit Percentage
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%
Occupational Disease (employee only)	Benefit Percentage
Invasive MRSA Infection	25%
Tuberculosis	25%
Tetanus	25%
Rabies	25%
Recovery Assistance	Your Cash Benefit
Family Care Benefit	\$25 per day for up to 30 days
Lodging (when 100+ miles from home)	\$100 per day for up to 15 nights
Transportation (when 100+ miles from home)	\$200 per trip for up to 2 trips

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 or screening including breast ultrasound, CT angiography, several types of cancer screenings, colonoscopy, EKG, stress test, mammography, HIV, HPV, hepatitis or diabetes screenings.	\$100
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.

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.



Critical Illness Insurance Premium

Here's how little you pay with group rates.

Employee Only | Twice Monthly Premiums

Employee Age range (Attained Age)	\$10,000	\$20,000	\$30,000	\$40,000
0-24	\$1.81	\$3.61	\$5.41	\$7.22
25-29	\$2.26	\$4.52	\$6.78	\$9.04
30-34	\$2.91	\$5.81	\$8.71	\$11.62
35-39	\$3.56	\$7.11	\$10.66	\$14.22
40-44	\$4.83	\$9.66	\$14.48	\$19.31
45-49	\$6.54	\$13.08	\$19.61	\$26.15
50-54	\$8.49	\$16.98	\$25.47	\$33.96
55-59	\$11.72	\$23.44	\$35.16	\$46.88
60-64	\$18.03	\$36.05	\$54.07	\$72.10
65-69	\$26.94	\$53.87	\$80.80	\$107.74
70+	\$32.18	\$64.36	\$96.53	\$128.71

Employee and Spouse/Domestic Partner | Twice Monthly Premiums

Employee Age range (Attained Age)	EE \$10,000 SP \$5,000	EE \$20,000 SP \$10,000	EE \$30,000 SP \$15,000	EE \$40,000 SP \$20,000
0-24	\$3.17	\$6.33	\$9.49	\$12.66
25-29	\$3.85	\$7.70	\$11.55	\$15.40
30-34	\$4.81	\$9.62	\$14.43	\$19.24
35-39	\$5.79	\$11.58	\$17.36	\$23.15
40-44	\$7.70	\$15.40	\$23.10	\$30.80
45-49	\$10.27	\$20.53	\$30.79	\$41.06
50-54	\$13.20	\$26.39	\$39.58	\$52.78
55-59	\$18.04	\$36.08	\$54.11	\$72.15
60-64	\$27.50	\$54.99	\$82.48	\$109.98
65-69	\$40.86	\$81.72	\$122.57	\$163.43
70+	\$48.73	\$97.46	\$146.18	\$194.91

The Lincoln National Life Insurance Company
Please see prior page for product information.