



# All Full-Time Employees of Brown University

## 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

#### Critical Illness Insurance | Employee

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

- If this is your first opportunity to enroll for coverage, you can choose from the coverage amounts above without providing evidence of insurability (documentation of your health history).

### 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	\$10,000 or \$20,000 (up to 100% of the employee coverage amount)
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#### Guaranteed coverage amounts

- If this is your first opportunity to enroll for coverage, you can choose from the coverage amounts above for your spouse without providing evidence of insurability (documentation of your health history).

### 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	\$10,000 or \$20,000 (up to 100% 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)	25%

Supplemental Conditions	
Benign brain tumor	50%
Loss of sight, hearing and/or speech	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%

Additional Plan Benefit(s)	
Portability	Included

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

## 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.*

During the first 12 months of coverage benefits will not be payable for a pre-existing condition. A "pre-existing" condition is one in which you or an insured dependent receive treatment during the 12 months prior to the effective date of coverage. Treatment means consultation, care, and services provided or prescribed by a Physician for which symptoms exist.

If you are a participant in a Critical Illness plan which this plan replaces and are diagnosed with a pre-existing condition, we will consider whether the condition was payable under the prior plan when determining if it will be payable under this plan.

### Pre-existing Condition exclusion

Benefits are not payable for any covered condition or loss:

1. which is caused, contributed to by, or results from a pre-existing condition; and
2. which begins in the Exclusionary period after the covered person's effective date (unless the condition was not treated during any treatment-free period, if applicable).

The pre-existing condition exclusion will also apply to any increase in coverage beginning on the effective date of the increase.

A pre-existing condition means a covered condition for which treatment was received during the look-back period prior to the effective date of coverage. Treatment means consultation, care and services provided or prescribed by a physician. It includes diagnostic measures and the prescription, refill or taking of prescribed drugs or medicines for which symptoms exist.

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

**Questions?** Call 800-423-2765 and mention ID: BROWNUNIVE.

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 (policy series GL501) 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. In New York, insurance products (policy series GL501) are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. 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.

### Group Rates for You

If You are not a Tobacco User

Employee | Non-Tobacco User Monthly Premiums

Employee Age range (Attained Age)	\$10,000	\$20,000	\$30,000
0-24	\$1.35	\$2.70	\$4.05
25-29	\$2.16	\$4.32	\$6.48
30-34	\$3.17	\$6.34	\$9.51
35-39	\$4.83	\$9.66	\$14.49
40-44	\$8.04	\$16.08	\$24.12
45-49	\$13.19	\$26.38	\$39.57
50-54	\$19.24	\$38.48	\$57.72
55-59	\$26.37	\$52.74	\$79.11
60-64	\$37.89	\$75.78	\$113.67
65-69	\$53.97	\$107.94	\$161.91
70+	\$103.59	\$207.18	\$310.77

### Group Rates for You

If You are a Tobacco User

Employee | Tobacco User Monthly Premiums

Employee Age range (Attained Age)	\$10,000	\$20,000	\$30,000
0-24	\$1.54	\$3.08	\$4.62
25-29	\$2.58	\$5.16	\$7.74
30-34	\$4.01	\$8.02	\$12.03
35-39	\$6.62	\$13.24	\$19.86
40-44	\$12.42	\$24.84	\$37.26
45-49	\$23.05	\$46.10	\$69.15
50-54	\$36.40	\$72.80	\$109.20
55-59	\$53.28	\$106.56	\$159.84
60-64	\$81.31	\$162.62	\$243.93
65-69	\$121.12	\$242.24	\$363.36
70+	\$202.59	\$405.18	\$607.77

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

**Group Rates for Your Spouse  
If You are not a Tobacco User  
Spouse | Non-Tobacco User Monthly Premiums**

Employee Age range (Attained Age)	\$10,000	\$20,000
0-24	\$1.35	\$2.70
25-29	\$2.16	\$4.32
30-34	\$3.17	\$6.34
35-39	\$4.83	\$9.66
40-44	\$8.04	\$16.08
45-49	\$13.19	\$26.38
50-54	\$19.24	\$38.48
55-59	\$26.37	\$52.74
60-64	\$37.89	\$75.78
65-69	\$53.97	\$107.94
70+	\$103.59	\$207.18

**Group Rates for Your Spouse  
If You are a Tobacco User  
Spouse | Tobacco User Monthly Premiums**

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0-24	\$1.54	\$3.08
25-29	\$2.58	\$5.16
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35-39	\$6.62	\$13.24
40-44	\$12.42	\$24.84
45-49	\$23.05	\$46.10
50-54	\$36.40	\$72.80
55-59	\$53.28	\$106.56
60-64	\$81.31	\$162.62
65-69	\$121.12	\$242.24
70+	\$202.59	\$405.18

**Group Rates for Your Dependent Children  
Dependent Children | Monthly Premiums**

Age Range	\$10,000	\$20,000
0-26	\$2.74	\$5.48

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