

The Hartford - Critical Illness (Specified Disease) Insurance

The Hartford's Critical Illness (Specified Disease) plan will pay a lump-sum benefit for a covered person diagnosed with a covered illness while insurance is in effect. Additional benefits for certain services or treatments may also be available, if described below. All benefits are subject to all of the applicable definitions, additional requirements, maximums, limitations, exclusions and other provisions of the Policy. State specific variations may apply to the benefits shown below.

Coverage Amount(s)

Employee Coverage Amount(s)	\$10,000, \$20,000, or \$30,000
Spouse* Coverage Amount(s)	100% of Employee Amount
Child(ren)** Coverage Amount(s)	50% of Employee Amount

*The term "Spouse" includes any individual who is recognized as the lawful spouse of an employee or is a partner to an employee in a civil union, domestic partnership, or other equivalent relationship as recognized and allowed by applicable law in the employee's jurisdiction of residence, unless otherwise requested by the policyholder and allowed by applicable law.

**Child coverage begins at birth and terminates at age 26 unless the child is incapacitated, unless otherwise requested by the policyholder and allowed by applicable law.

Critical Illness (Specified Disease) Benefits

All Initial Occurrence Benefit Amounts are a percentage of the applicable Coverage Amount, unless otherwise stated as a specific dollar amount. All Reoccurrence Benefit Amounts are a percentage of the Initial Occurrence Benefit Amount that is payable or was previously paid under the Policy.

COVERED ILLNESS	Initial Occurrence Benefit Amount	Reoccurrence Benefit Amount
Cancer Category		
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	25%	100%
Skin Cancer	\$250 one time	
Heart/Vascular Category		
Heart Attack (Myocardial Infarction)		
STEMI	100%	100%
NSTEMI	25%	100%
Coronary Artery Disease		
Major (open repair)	100%	100%
Stroke		
Mild	10%	100%
Moderate	25%	100%
Severe	100%	100%
Major Organ Category		
Major Organ Failure	100%	100%

Plan Maximum(s) & Limitation(s)

Policy Benefit Maximum	500% for each covered person
Pre-Existing Condition Limitation	None
Cancer Reoccurrence Benefit Treatment Free Period	180 days

\$10,000 Benefit - Rates per paycheck (children included in employee cost)

Employee Age	Employee Only	Employee + Child(ren)	Employee + Spouse/Domestic Partner	Employee + Family
<25	\$0.85	\$0.85	\$1.50	\$1.50
25-29	\$1.20	\$1.20	\$2.20	\$2.20
30-34	\$1.60	\$1.60	\$2.95	\$2.95
35-39	\$2.10	\$2.10	\$3.90	\$3.90
40-44	\$3.15	\$3.15	\$6.05	\$6.05
45-49	\$5.00	\$5.00	\$9.75	\$9.75
50-54	\$6.65	\$6.65	\$13.20	\$13.20
55-59	\$8.40	\$8.40	\$16.90	\$16.90
60-64	\$11.35	\$11.35	\$23.05	\$23.05
65-69	\$15.30	\$15.30	\$31.35	\$31.35
70-74	\$18.50	\$18.50	\$37.85	\$37.85
75-79	\$21.35	\$21.35	\$43.65	\$43.65
80+	\$22.35	\$22.35	\$45.80	\$45.80

\$20,000 Benefit - Rates per paycheck (children included in employee cost)

Employee Age	Employee Only	Employee + Child(ren)	Employee + Spouse/Domestic Partner	Employee + Family
<25	\$1.70	\$1.70	\$3.00	\$3.00
25-29	\$2.40	\$2.40	\$4.40	\$4.40
30-34	\$3.20	\$3.20	\$5.90	\$5.90
35-39	\$4.20	\$4.20	\$7.80	\$7.80
40-44	\$6.30	\$6.30	\$12.10	\$12.10
45-49	\$10.00	\$10.00	\$19.50	\$19.50
50-54	\$13.30	\$13.30	\$26.40	\$26.40
55-59	\$16.80	\$16.80	\$33.80	\$33.80
60-64	\$22.70	\$22.70	\$46.10	\$46.10
65-69	\$30.60	\$30.60	\$62.70	\$62.70
70-74	\$37.00	\$37.00	\$75.70	\$75.70
75-79	\$42.70	\$42.70	\$87.30	\$87.30
80+	\$44.70	\$44.70	\$91.60	\$91.60

\$30,000 Benefit - Rates per paycheck (children included in employee cost)

Employee Age	Employee Only	Employee + Child(ren)	Employee + Spouse/Domestic Partner	Employee + Family
<25	\$2.55	\$2.55	\$4.50	\$4.50
25-29	\$3.60	\$3.60	\$6.60	\$6.60
30-34	\$4.80	\$4.80	\$8.85	\$8.85
35-39	\$6.30	\$6.30	\$11.70	\$11.70
40-44	\$9.45	\$9.45	\$18.15	\$18.15
45-49	\$15.00	\$15.00	\$29.25	\$29.25
50-54	\$19.95	\$19.95	\$39.60	\$39.60
55-59	\$25.20	\$25.20	\$50.70	\$50.70
60-64	\$34.05	\$34.05	\$69.15	\$69.15
65-69	\$45.90	\$45.90	\$94.05	\$94.05
70-74	\$55.50	\$55.50	\$113.55	\$113.55
75-79	\$64.05	\$64.05	\$130.95	\$130.95
80+	\$67.05	\$67.05	\$137.40	\$137.40