

GROUP SPECIFIED DISEASE INSURANCE BENEFIT HIGHLIGHTS

Underwritten by Hartford Life and Accident Insurance Company

For Employee of:

TOMPKINS COUNTY (Policyholder)



To learn more, visit:
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Facing a serious illness at any age can be challenging – physically, emotionally and financially. Primary health insurance may pick up some or most of the tab, but can still leave medical and other recovery expenses that add up quickly. **Specified Disease insurance can provide a lump-sum cash benefit upon diagnosis of a covered illness that can be used however you choose.**

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Employees

Policy Situs/Issue State: New York

Policy Effective Date: July 1, 2024

Policy Anniversary: July 1

ELIGIBILITY & ENROLLMENT INFORMATION (Additional conditions may apply as described in the Certificate.)

Employee	To be eligible for coverage, an Employee must be performing the normal duties of their regular job for the policyholder for 17.5 or more hours each week and be receiving compensation from the policyholder for work performed.
Dependent(s)	Dependent(s) must be able to perform normal and customary activities and not be confined (at home or in any medical facility) to be eligible for coverage. In addition, Dependent Child(ren) must be under age 26, unless otherwise allowed by the policy.
New Hire Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within 31 days following the day the Employee or Dependent(s) first become(s) eligible for coverage under the Policy. If an Employee does not elect coverage during the Employee's or Dependent's initial enrollment period, future enrollment may only occur as provided in the Changes in Coverage provision of the Certificate.
Ongoing Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within an Annual Enrollment Period specified by the Policyholder or during an Additional Enrollment Event.

COVERAGE ELECTION & AMOUNT(S)

In order to be insured under the Policy an Employee must elect coverage for themselves and any Dependent(s). The Employee is required to pay premium for the coverage elected. Payment of premium does not guarantee eligibility for coverage.

Any amount of insurance for a Spouse/Partner or Dependent Child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. All Coverage Amount(s) are Guaranteed Issue.

Employee	Choice of \$10,000; \$20,000; or \$30,000
Spouse/Partner	100% of the Employee's elected Coverage Amount
Dependent Child(ren)	50% of the Employee's elected Coverage Amount (per child)

SPECIFIED DISEASE BENEFITS

All Specified Disease Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Specified Disease, unless otherwise stated as a specific dollar amount. All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Specified Disease that is payable or was previously paid under the Policy for a Covered Person.

CANCER CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	25%	100%
Skin Cancer	\$250	None

HEART & VASCULAR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Heart Attack (Myocardial Infarction)		
• ST-Segment Elevation Myocardial Infarction (STEMI)	100%	100%
• Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%	100%
Coronary Artery Disease		
• Major Diagnosis	100%	100%
Heart Arrhythmia	25%	None
Stroke		
• Mild Stroke	10%	100%
• Moderate Stroke	25%	100%
• Severe Stroke	100%	100%

FUNCTIONAL LOSS & CATASTROPHIC CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
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ADDITIONAL BENEFITS		
All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.		
Benefit:	Benefit Amount:	Benefit Maximum:
Health Screening	\$50	Once per Policy Year

GENERAL LIMITATIONS & EXCLUSIONS	
The limitations and exclusions included below apply to all benefits included in the Certificate unless otherwise noted below. Please note that certain Specified Disease Benefits and Additional Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of the Certificate. All limitations and exclusions are fully described in the Certificate.	
Unless otherwise stated in the Certificate, We will not pay benefits for any Specified Disease included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.	
Related Specified Disease Limitation	Once a Specified Disease is Diagnosed for which an Initial Occurrence Benefit is payable for a Covered Person, in order for an Initial Occurrence Benefit to be payable for any Related Specified Disease for the Covered Person, the date of Diagnosis of any Related Specified Disease must occur more than 30 days after the date Diagnosis for the prior Specified Disease. This limitation is fully described in the Certificate.
Reoccurrence Benefit Separation Period	Once a Specified Disease is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Specified Disease, a Reoccurrence Benefit Separation Period of 180 days must be satisfied.
Policy Benefit Maximum	Each Covered Person may receive multiple payments for Specified Disease Benefits under this Certificate until the Policy Benefit Maximum of 500% is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate.

Exclusions	No benefits are payable under the Policy for any Specified Disease that results from, is caused by or that takes place during a Covered Person's: • intentional self-inflicted illness or Injury • voluntarily taking or using any drug, narcotic, medication or sedative, unless it is: - taken or used as prescribed by a Physician, or - taken according to package directions, for any over-the-counter drug, medication or sedative • voluntary commission of or attempt to commit a felony , voluntary participation in illegal activities (except for misdemeanor violations), or voluntary engagement in an illegal occupation • incarceration or imprisonment in any type of penal or detention facility • active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate • involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer In addition, no benefits are payable under the Policy for any Specified Disease that results from or is caused by a Covered Person's Substance Use Disorder. In addition, no benefits are payable under the Policy for any Specified Disease for which Diagnosis is made outside the United States or Canada, unless the Diagnosis is confirmed in the United States. The date of Diagnosis in such circumstances is the date the Diagnosis was originally made outside the United States or Canada.
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FEATURES	
Continuation of Coverage	You may be able to continue insurance for You and Your Dependent(s) in certain circumstances when You are no longer Actively at Work, with payment of premium and subject to certain conditions. The available continuation option(s) are described in the Certificate.
Extended Continuation	You or an insured Spouse/Partner, in certain circumstances, may continue coverage under the Policy when insurance would otherwise end under the Termination of Coverage provision, with payment of premium and subject to certain conditions. This provision is fully described in the Certificate.

COVERAGE EFFECTIVE DATE (WHEN COVERAGE BEGINS)	
In no event will Dependent insurance become effective before an Employee becomes insured. The Coverage Effective Date for any Employee or Dependent is subject to the Deferred Coverage Effective Date provision of the Certificate. Additional eligibility conditions may apply as described in the Certificate.	
New Hires	Coverage will start on the later to occur of: • the first day of the month following the date an Employee or Dependent becomes eligible , if enrolled for coverage on or before that date, or • the first day of the month following the date an Employee or Dependent is enrolled for coverage
Annual Enrollment or Additional Enrollment Event	Coverage will start on the later to occur of: • the Policy Anniversary on or next following the last day of an Annual Enrollment Period, if an Employee or Dependent is enrolled during an Annual Enrollment Period, or • the first day of the month following the last day of an Additional Enrollment Event, if an Employee or Dependent is enrolled during an Additional Enrollment Event

TERMINATION OF COVERAGE (WHEN COVERAGE ENDS)	
Coverage for an Employee and any Dependent(s) will end on the last day of the month during which an Employee is no longer eligible for insurance under any provision of the Policy. Coverage for a Dependent will also end on the last day of the month during which a Dependent no longer satisfies the definition of Spouse/Partner or Dependent Child(ren). Additional circumstances under which coverage will end are described in the Certificate. Termination of coverage has no effect on benefits payable for a Specified Disease that is Diagnosed or Treatment that is received while a Covered Person was insured under the Policy.	

HOW TO OBTAIN A COPY OF THE CERTIFICATE

The Certificate will become available after the enrollment period is complete and the terms of insurance under the Policy are finalized between the Policyholder and Us. The Policyholder should provide you with access to (or a copy of) the Certificate at that time. If You do not receive what you need from the Policyholder at that time, you may then contact Us at 800-523-2233 (toll-free).

PREMIUMS

The premium rate structure for this insurance is comprised of attained age rates per \$1,000 dollars of insurance for the Employee and Spouse/Partner, with specified age bands. You are responsible for the payment of premiums for insurance under the Policy if you elect coverage. Payment of premium does not guarantee eligibility for insurance.

Premiums will be automatically deducted from your paychecks by the Policyholder, then remitted to Us as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your paycheck deductions.

Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Premiums for this coverage are subject to change in accordance with the provisions of the Policy. Contact the Policyholder or your benefits administrator for additional information on the current premium structure for the Policy.

NOTICES

NOTICE TO BUYER: This is a Specified Disease insurance policy. The policy provides limited benefits payable ONLY when certain losses occur as a result of diagnosis of covered specified diseases. Benefits are supplemental and are not intended to cover all medical expenses. The policy does not constitute comprehensive health insurance coverage and does not satisfy the minimum coverage requirements of the Affordable Care Act. You should not enroll for this insurance unless you are already covered by comprehensive health insurance coverage. Persons covered under Medicaid or an equivalent state or Title XIX program should not enroll for this insurance.

This benefit summary provides a very brief summary of the terms and conditions of the Policy. For a complete description refer to the appropriate section of the Certificate or Policy (available as noted above). In the event of a discrepancy between this document and the Policy, the terms of the Policy apply. The capitalization of a term not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in the Certificate or refers to a specific provision contained within the Certificate or Policy. A person is not entitled to insurance because they received this benefit summary. A person is only entitled to insurance if they are eligible and insured in accordance with the terms of the Policy.

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