

Critical Illness Insurance

EMPLOYEE GUIDE

Policy features and benefits specially prepared for Mississippi University for Women.



Be prepared for the unexpected

You may know someone who has been affected by a critical illness such as cancer, stroke or heart attack, and witnessed the resulting challenges. Are you prepared if a critical illness were to happen to you? Kemper Health Critical Illness insurance can help you when you need it most.

How it Works

1. When the diagnosis of a covered critical illness occurs, the policy pays you a lump-sum benefit amount based on the policy you choose and the illness.
2. Should there be a reoccurrence of the same illness or an additional diagnosis of a different covered illness, the plan provides ongoing benefits. See the certificate for details.

Features & Extras

- Coverage is fully portable.
- Spouse and children covered at 50% of Enhanced (without Cancer) Plan employee amount.
- Additional \$50 Wellness Benefit.

The cash benefit is paid directly to you and can be used any way you choose.

- Finding the best healthcare available—anywhere
- Hiring a nurse or caregiver to help at home
- Or whatever else you need

Our Critical Illness insurance policy provides a lump-sum benefit payment upon diagnosis of a covered illness, paid directly to you. It provides ongoing benefits should there be a reoccurrence of the same illness or an additional diagnosis of a different covered illness.

PRODUCT FEATURES AND BENEFITS - ENHANCED (WITHOUT CANCER) PLAN

Covered Conditions	100% of Benefit Amount for Heart Attack, Stroke, Sudden Cardiac Arrest, End Stage Renal (Kidney) Failure, Major Organ Failure, Benign Brain Tumor, Coma, Severe Burns, Complete Loss of Hearing, Complete Loss of Sight, Complete Loss of Speech, Type 1 Diabetes, Multiple Sclerosis (MS), Muscular Dystrophy, Myasthenia Gravis, Paralysis, Amyotrophic Lateral Sclerosis (ALS)
Partial Benefits	50% of Benefit Amount for Advanced Alzheimer's Disease, Advanced Parkinson's Disease, Coronary Artery Disease (Bypass Surgery), Ruptured Aneurysm 25% of Benefit Amount for Diphtheria, Encephalitis, Heart Valve Surgery, Huntington's Disease, Rabies, Rocky Mountain Spotted Fever, Tay-Sachs Disease, Tetanus, Tuberculosis 10% of Benefit Amount for Coronary Artery Disease (Angioplasty or Atherectomy), Heart Catheterization, Transient Ischemic Attack (TIA)
Benefit Amount	\$5,000
Wellness Benefit	\$50
Guaranteed Issue	\$20,000
Additional Occurrence Benefit	Unlimited as long as 180 days between last diagnosis.
Reoccurrence Benefit	No limit as long as more than 365 days from initial diagnosis (a "reoccurrence" must be diagnosed as a reoccurrence, rather than a continuation of the initial covered occurrence).
Dependent Coverage	Spouse covered at 50% of employee amount. Children covered at 50% of employee amount.
Childhood Conditions	100% of Benefit Amount for Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Spina Bifida 25% of Benefit Amount for Cystic Fibrosis
Skin Cancer	\$100
Second Opinion	\$250
Pre-existing Conditions	12/12
Plan Termination	None
Portability	Fully portable regardless if group stays in force but still subject to the normal termination age.

CRITICAL ILLNESS INSURANCE ENHANCED (WITHOUT CANCER) PLAN - MONTHLY RATES

\$5,000 Benefit Amount | Issue Age | Non-Tobacco

AGE RANGE	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
Employee	\$2.44	\$3.16	\$4.32	\$6.04	\$8.13	\$10.55	\$12.82	\$15.91	\$20.70	\$26.46	\$37.15
Employee + Spouse	\$4.22	\$5.36	\$7.17	\$9.88	\$13.15	\$16.92	\$20.47	\$25.25	\$32.64	\$41.46	\$57.50
Employee + Child	\$4.42	\$5.13	\$6.29	\$8.02	\$10.10	\$12.52	\$14.80	\$17.89	\$22.68	\$28.43	\$39.13
Family	\$6.68	\$7.82	\$9.63	\$12.34	\$15.61	\$19.38	\$22.93	\$27.71	\$35.10	\$43.92	\$59.96

\$5,000 Benefit Amount | Issue Age | Tobacco

AGE RANGE	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
Employee	\$2.81	\$3.97	\$6.00	\$9.16	\$13.09	\$17.59	\$21.98	\$27.68	\$36.34	\$46.19	\$62.06
Employee + Spouse	\$4.80	\$6.64	\$9.84	\$14.81	\$21.00	\$28.05	\$34.90	\$43.78	\$57.23	\$72.45	\$96.43
Employee + Child	\$4.78	\$5.95	\$7.98	\$11.13	\$15.07	\$19.56	\$23.95	\$29.66	\$38.32	\$48.17	\$64.04
Family	\$7.26	\$9.10	\$12.30	\$17.27	\$23.46	\$30.51	\$37.36	\$46.23	\$59.69	\$74.91	\$98.89

CRITICAL ILLNESS INSURANCE ENHANCED (WITHOUT CANCER) PLAN - MONTHLY RATES

\$10,000 Benefit Amount | Issue Age | Non-Tobacco

AGE RANGE	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
Employee	\$3.41	\$4.54	\$6.57	\$9.65	\$13.44	\$17.86	\$22.14	\$27.95	\$37.05	\$48.16	\$69.42
Employee + Spouse	\$5.71	\$7.50	\$10.66	\$15.48	\$21.38	\$28.24	\$34.87	\$43.81	\$57.78	\$74.74	\$106.57
Employee + Child	\$6.22	\$7.35	\$9.38	\$12.46	\$16.24	\$20.67	\$24.95	\$30.76	\$39.85	\$50.96	\$72.22
Family	\$9.20	\$11.00	\$14.16	\$18.97	\$24.87	\$31.73	\$38.36	\$47.31	\$61.27	\$78.23	\$110.06

\$10,000 Benefit Amount | Issue Age | Tobacco

AGE RANGE	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
Employee	\$4.08	\$6.05	\$9.66	\$15.36	\$22.48	\$30.64	\$38.58	\$49.00	\$65.11	\$84.02	\$116.28
Employee + Spouse	\$6.78	\$9.88	\$15.58	\$24.55	\$35.74	\$48.49	\$60.87	\$77.05	\$102.00	\$131.16	\$179.86
Employee + Child	\$6.89	\$8.86	\$12.47	\$18.17	\$25.29	\$33.45	\$41.39	\$51.81	\$67.92	\$86.83	\$119.09
Family	\$10.27	\$13.38	\$19.08	\$28.05	\$39.23	\$51.98	\$64.36	\$80.54	\$105.50	\$134.65	\$183.35

\$15,000 Benefit Amount | Issue Age | Non-Tobacco

AGE RANGE	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
Employee	\$4.37	\$5.93	\$8.82	\$13.26	\$18.74	\$25.17	\$31.45	\$39.99	\$53.39	\$69.86	\$101.68
Employee + Spouse	\$7.20	\$9.65	\$14.15	\$21.08	\$29.60	\$39.56	\$49.26	\$62.37	\$82.92	\$108.02	\$155.63
Employee + Child	\$8.01	\$9.57	\$12.46	\$16.90	\$22.38	\$28.81	\$35.09	\$43.63	\$57.03	\$73.50	\$105.32
Family	\$11.72	\$14.18	\$18.68	\$25.60	\$34.13	\$44.09	\$53.79	\$66.90	\$87.44	\$112.55	\$160.16

\$15,000 Benefit Amount | Issue Age | Tobacco

AGE RANGE	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
Employee	\$5.36	\$8.12	\$13.33	\$21.57	\$31.88	\$43.69	\$55.18	\$70.33	\$93.88	\$121.85	\$170.50
Employee + Spouse	\$8.76	\$13.12	\$21.32	\$34.29	\$50.47	\$68.94	\$86.83	\$110.33	\$146.78	\$189.86	\$263.28
Employee + Child	\$9.00	\$11.76	\$16.97	\$25.21	\$35.52	\$47.33	\$58.82	\$73.97	\$97.52	\$125.48	\$174.14
Family	\$13.28	\$17.65	\$25.85	\$38.82	\$55.00	\$73.46	\$91.36	\$114.86	\$151.31	\$194.39	\$267.81

\$20,000 Benefit Amount | Issue Age | Non-Tobacco

AGE RANGE	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
Employee	\$5.34	\$7.32	\$11.07	\$16.87	\$24.05	\$32.49	\$40.77	\$52.03	\$69.74	\$91.56	\$133.95
Employee + Spouse	\$8.69	\$11.79	\$17.64	\$26.68	\$37.83	\$50.88	\$63.66	\$80.94	\$108.06	\$141.30	\$204.70
Employee + Child	\$9.81	\$11.79	\$15.54	\$21.34	\$28.52	\$36.96	\$45.24	\$56.50	\$74.21	\$96.03	\$138.42
Family	\$14.25	\$17.35	\$23.20	\$32.24	\$43.39	\$56.44	\$69.22	\$86.50	\$113.62	\$146.86	\$210.26

\$20,000 Benefit Amount | Issue Age | Tobacco

AGE RANGE	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
Employee	\$6.63	\$10.20	\$16.99	\$27.77	\$41.27	\$56.74	\$71.78	\$91.66	\$122.64	\$159.67	\$224.72
Employee + Spouse	\$10.74	\$16.36	\$27.06	\$44.03	\$65.21	\$89.38	\$112.80	\$143.60	\$191.55	\$248.57	\$346.71
Employee + Child	\$11.10	\$14.67	\$21.46	\$32.24	\$45.74	\$61.21	\$76.25	\$96.13	\$127.11	\$164.14	\$229.19
Family	\$16.30	\$21.92	\$32.62	\$49.60	\$70.77	\$94.94	\$118.36	\$149.17	\$197.12	\$254.13	\$352.27

Exclusions and Limitations

Exclusions

Benefits under the Policy and any attached rider(s) will not be payable for any loss caused in whole or in part by or resulting in whole or part from the following:

1. A Critical Illness, as listed in the Schedule of Benefits, occurring prior to the Policy Effective Date of coverage for an insured person;
2. Suicide or attempt at suicide, or intentional self-inflicted injury or sickness;
3. Participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs;
4. Participating in any sport or sporting activity for wage, compensation or profit;
5. Commission of or attempt to commit an assault or felony;
6. Engaging in an illegal activity or occupation;
7. Diagnosis, services or treatment provided by an immediate family member;
8. Active service, training, or duty in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable;
9. Diagnosis or treatment incurred outside the United States or its territories;
10. Declared war or any act of declared war;
11. Travel in or descent from an aircraft, except while a fare-paying passenger; or
12. An experimental major human organ transplant.

Limitations

During the first 12 months following the Policy Effective Date of coverage for an insured person, losses incurred for a Pre-Existing Condition will not be covered. After this initial 12 month period, benefits for such conditions will be payable unless specifically excluded from coverage. This Pre-Existing Condition Limitation will not apply to newborn or newly adopted children as they are automatically eligible for insurance upon birth or placement. This Pre-Existing Condition Limitation does not apply to the Wellness Benefit Rider.

Pre-Existing Condition means any sickness, injury or condition for which medical advice, diagnosis or treatment was recommended by a physician or received from a physician within one-year before the effective date of the coverage of the insured person.

Some provisions, exclusions or limitations may vary by state. See the certificate for details.

Affordable protection in an ever-changing world.

At Kemper Health, we understand the changes that affect our customers' lives and their need for affordable insurance. Our voluntary benefits play a critical role in employees' financial well-being by helping fill the gaps in major medical plans, preparing for retirement and providing financial protection from the unexpected.

kemperbenefits.com

Kemper Health is the brand name for insurance products issued by subsidiary insurance companies controlled by Kemper Corporation. Each subsidiary of Kemper Corporation is solely responsible for the insurance products it underwrites and issues.

The underwriting company for the Accident Expense, Accident Indemnity, Cancer, Critical Illness, Dental, Short Term Disability and Whole Life Insurance Products is **Reserve National Insurance Company**, which is responsible for the underwriting risks, financial and contractual obligations and support functions associated with the products it issues. The underwriting company for the Hospital Indemnity, Signature Gap, Indemnity Outpatient Prescription Drug, Limited Medical, and Vision Insurance Products is **Fidelity Security Life Insurance Company® (FSL)**. FSL is not financially affiliated with Kemper Corporation. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Product availability may vary by state. FSL is located in Kansas City, Missouri, and has been rated "A" (Excellent) based on an analysis of financial position and operating performance by A.M. Best Company, an independent analyst of the insurance industry. For the latest rating, access www.ambest.com.

Neither **Reserve National Insurance Company, FSL**, nor their agents, representatives, associates or employees render legal or tax advice. The employer should seek the expert assistance of its own legal or tax adviser.

Policy Form Series KB-MCI-1805 and KB-ECI-1805. Form numbers may vary by state.

This is only a summary of products and services offered. Actual offerings may vary by group size and other underwriting considerations and are subject to the requirements of state insurance laws and regulations, and the benefits/provisions as described may vary due to such requirements. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Please see the specific policy and certificate for details. Policies are not available in all states.

The Kemper Health voluntary insurance plans, either alone or in combination with each other, are not "minimum essential coverage" under the federal Affordable Care Act.

IMPORTANT: If an individual is insured under one or more Kemper Health voluntary insurance plans, and plans and is also covered by Medicaid or a state variation of Medicaid, most non-disability benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured individual, we must pay the benefits to Medicaid or the medical provider to reduce the charges billed to Medicaid. Proposed insureds should consider their circumstances before enrolling in Kemper Health coverage.

If you are an employer offering one or more of these insurance products to your employees, the product(s) may constitute a part of an employee benefit plan under the Employee Retirement Income Security Act of 1974 ("ERISA"). An employer offering an ERISA employee benefit plan will be responsible for a number of obligations applicable under ERISA, including, without limitation, the obligation to make required disclosures to employees and file reports with the federal government. You should consult with an experienced attorney concerning the requirements for compliance with ERISA.