

### **GROUP CRITICAL ILLNESS INSURANCE**

Coverage Effective Date: January 1, 2023 Rate Guarantee: 3 Years

	Full-time Employees - Monthly Critical Illness Attained Age Rates per \$1,000					
	Employee & 0	Child(ren) Rate	Spous	e Rate		
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		
<25	\$0.14	\$0.14	\$0.14	\$0.14		
25 - 29	\$0.20	\$0.25	\$0.20	\$0.25		
30 - 34	\$0.28	\$0.36	\$0.28	\$0.36		
35 - 39	\$0.40	\$0.57	\$0.40	\$0.57		
40 - 44	\$0.57	\$0.81	\$0.57	\$0.81		
45 - 49	\$0.78	\$1.20	\$0.78	\$1.20		
50 - 54	\$1.05	\$1.65	\$1.05	\$1.65		
55 - 59	\$1.46	\$2.35	\$1.46	\$2.35		
60 - 64	\$2.10	\$3.36	\$2.10	\$3.36		
65 - 69	\$3.15	\$4.49	\$3.15	\$4.49		
70 - 74	\$4.95	\$6.58	\$4.95	\$6.58		
75 - 79	\$7.31	\$9.06	\$7.31	\$9.06		
80 - 84	\$10.59	\$12.85	\$10.59	\$12.85		
85+	\$17.08	\$20.17	\$17.08	\$20.17		

Cost Calculation Example

	Age	Benefit Amou	nt / R	ates per \$1	000 = Nu	mber of Ur	nits x	Rate	=	Cost
Employee	30	\$10,000	/	1000	=	10	х	1.55	=	\$15.50

Note: Example calculation does not reflect actual benefits and rates available in your plan, including Be Well Benefit (if applicable)

Be Well Benefit: Additional Monthly Costs						
Be Well Benefit Amount	Employee & Child(ren) Cost	Spouse Cost				
\$50	\$1.51	\$1.51				
\$75	\$3.02	\$3.02				
\$100	\$4.53	\$4.53				

Employees Eligible for Coverage	Minimum Participation	Minimum Hours for Eligibility
7933	Waived	20 hours per week





## **DENVER HEALTH**

Critical Illness Insurance	PROVISIONS QUOTED Full-time Employees
Contributions	Employee pays 100%
Coverage Amount	\$10,000, \$20,000 or \$30,000 as applied for by the employee and approved by Unum
Spouse	100% of employee coverage amount
Child	50% of employee coverage amount
Guaranteed Issue	\$30,000 (100% of employee coverage amount for spouse and 50% of employee coverage amount for child)
Be well Benefit (once per covered person per calendar year)	Employee coverage amount of \$10,000: \$50 Employee coverage amount of \$20,000: \$75 Employee coverage amount of \$30,000: \$100
Enrollment Frequency	Perpetual/scheduled
Continuity of Coverage	Included
New Employee Waiting Period	30 days
Present Employee Waiting Period	0 days
Portability	Included
Pre-existing Conditions	Not applicable
Coverage Reduction	Not applicable
Reoccurrence Benefit	100%

### THE UNUM DIFFERENCE

UNUM CRITICAL ILLNESS OFFERING: Critical Illness insurance helps offset the financial effects of a catastrophic illness by paying a lump sum benefit when employees or their family members are diagnosed with a covered illness. The Benefit is based on the amount of coverage inforce, the illness diagnosed and all other terms and provisions of the policy.

**BE WELL BENEFIT:** To help encourage employees to stay informed about their health and to encourage preventive care, we'll provide a payment for various health screening tests. It serves as a great reminder and financial incentive.

## SCHEDULE OF BENEFITS

Please refer to the certificate for complete definitions of covered conditions

Covered Conditions	Benefit Amount
Coronary Artery Disease (Major)	Full-time Employees
Coronary Artery Disease (Minor)	50%
End Stage Renal (Kidney) Failure	10%
Heart Attack (Myocardial Infarction)	100%
Major Organ Failure Requiring Transplant	100%
Critical Illnesses Stroke	100%



## SCHEDULE OF BENEFITS

Please refer to the certificate for complete definitions of covered conditions

	Covered Conditions	Benefit Amount
Additional Critical Illnesses for your Children	Cerebral Palsy Cleft Lip or Palate Cystic Fibrosis Down Syndrome Spina Bifida	100% (50% of elected coverage amount) 100% (50% of elected coverage amount)
Cancer	Invasive Cancer (including all Breast Cancer) Non-Invasive Cancer Skin Cancer	100% 25% \$500
Supplemental Critical Illnesses	Benign Brain Tumor Coma Loss of Hearing Infectious Disease Infectious Disease Hospital Consecutive Days Loss of Sight Loss of Speech Occupational Human Immunodeficiency Virus (HIV) or Hepatitis Permanent Paralysis	100% 100% 25% 14 Days 100% 100% 100%
Progressive Diseases	Amyotrophic Lateral Sclerosis (ALS) Dementia (including Alzheimer's Disease) Functional Loss Multiple Sclerosis Parkinson's Disease	100% 100% 100% 100%

### PLAN INFORMATION

### Family Coverage Options:

Employee/Child, Spouse

Note: Child coverage automatically included with Employee Coverage. The employee must be covered for Critical Illness in order to insure their spouse for Critical Illness.

### Evidence of Insurability:

Health questions are not required.

#### **Enrollment Frequency:**

Perpetual/Scheduled - After the initial scheduled enrollment, new hires and newly eligible employees may enroll for coverage when they are first eligible. Late entrants may enroll, and existing insureds may increase coverage at a scheduled enrollment event.



# PLAN INFORMATION

#### Be Well Benefit:

Be Well Screenings include but are not limited to:

- Cholesterol and Diabetes screenings
- Cancer screenings
- Cardiovascular Function screenings
- Imaging Studies
- Annual Examinations by a Physician
- Immunizations

For a full list of covered tests, see your Unum representative.

### **General Information Regarding Benefit Taxability:**

Employees pay premiums with **post-tax** dollars. In general, the benefit payment will not be taxable.

Note: Unum does not give tax advice and the potential insured should seek the advice of a tax attorney or advisor.

### **Coverage Exclusions & Limitations:**

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, while sane;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or Injury for self-defense;
- · participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician;
- being intoxicated; and
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

### **Broker Commissions:**

**Base Commissions:** Rates paid as follows for the appropriate period: First Year, 30%; Years 2-5, 5%; Years 6+, 2.5%. **Additional Commissions:** 15% commissions paid for 1 year.

## PREMIUM COST CALCULATIONS

	Full-time Employees - Monthly Critical Illness Attained Age Costs \$10,000 Employee and \$10,000 Spouse, \$50 Be Well Benefit					
	Employee & C	Child(ren) Cost	Spouse Cost			
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		
<25	\$2.91	\$2.91	\$2.91	\$2.91		
25 - 29	\$3.51	\$4.01	\$3.51	\$4.01		
30 - 34	\$4.31	\$5.11	\$4.31	\$5.11		
35 - 39	\$5.51	\$7.21	\$5.51	\$7.21		
40 - 44	\$7.21	\$9.61	\$7.21	\$9.61		
45 - 49	\$9.31	\$13.51	\$9.31	\$13.51		
50 - 54	\$12.01	\$18.01	\$12.01	\$18.01		
55 - 59	\$16.11	\$25.01	\$16.11	\$25.01		



# PREMIUM COST CALCULATIONS

	Full-time Employees - Monthly Critical Illness Attained Age Costs \$10,000 Employee and \$10,000 Spouse, \$50 Be Well Benefit					
	Employee & C	Employee & Child(ren) Cost Spouse Cost				
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		
60 - 64	\$22.51	\$35.11	\$22.51	\$35.11		
65 - 69	\$33.01	\$46.41	\$33.01	\$46.41		
70 - 74	\$51.01	\$67.31	\$51.01	\$67.31		
75 - 79	\$74.61	\$92.11	\$74.61	\$92.11		
80 - 84	\$107.41	\$130.01	\$107.41	\$130.01		
85+	\$172.31	\$203.21	\$172.31	\$203.21		

Full-time Employees - Monthly Critical Illness Attained Age Costs \$20,000 Employee and \$20,000 Spouse, \$75 Be Well Benefit

	Employee & C	Child(ren) Cost	Spouse Cost	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$5.82	\$5.82	\$5.82	\$5.82
25 - 29	\$7.02	\$8.02	\$7.02	\$8.02
30 - 34	\$8.62	\$10.22	\$8.62	\$10.22
35 - 39	\$11.02	\$14.42	\$11.02	\$14.42
40 - 44	\$14.42	\$19.22	\$14.42	\$19.22
45 - 49	\$18.62	\$27.02	\$18.62	\$27.02
50 - 54	\$24.02	\$36.02	\$24.02	\$36.02
55 - 59	\$32.22	\$50.02	\$32.22	\$50.02
60 - 64	\$45.02	\$70.22	\$45.02	\$70.22
65 - 69	\$66.02	\$92.82	\$66.02	\$92.82
70 - 74	\$102.02	\$134.62	\$102.02	\$134.62
75 - 79	\$149.22	\$184.22	\$149.22	\$184.22
80 - 84	\$214.82	\$260.02	\$214.82	\$260.02
85+	\$344.62	\$406.42	\$344.62	\$406.42

	Full-time Employees - Monthly Critical Illness Attained Age Costs \$30,000 Employee and \$30,000 Spouse, \$100 Be Well Benefit					
	Employee & Child(ren) Cost Spouse Cost					
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		
<25	\$8.73	\$8.73	\$8.73	\$8.73		
25 - 29	\$10.53	\$12.03	\$10.53	\$12.03		
30 - 34	\$12.93	\$15.33	\$12.93	\$15.33		
35 - 39	\$16.53	\$21.63	\$16.53	\$21.63		





# PREMIUM COST CALCULATIONS

	Full-time Employees - Monthly Critical Illness Attained Age Costs \$30,000 Employee and \$30,000 Spouse, \$100 Be Well Benefit						
	Employee & C	Child(ren) Cost	Spouse Cost				
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco			
40 - 44	\$21.63	\$28.83	\$21.63	\$28.83			
45 - 49	\$27.93	\$40.53	\$27.93	\$40.53			
50 - 54	\$36.03	\$54.03	\$36.03	\$54.03			
55 - 59	\$48.33	\$75.03	\$48.33	\$75.03			
60 - 64	\$67.53	\$105.33	\$67.53	\$105.33			
65 - 69	\$99.03	\$139.23	\$99.03	\$139.23			
70 - 74	\$153.03	\$201.93	\$153.03	\$201.93			
75 - 79	\$223.83	\$276.33	\$223.83	\$276.33			
80 - 84	\$322.23	\$390.03	\$322.23	\$390.03			
85+	\$516.93	\$609.63	\$516.93	\$609.63			

Please note that actual billed amounts may vary due to rounding

Attained age rates and costs are based on the insured's age each year on the policy anniversary date and increase as the insured ages and moves into new age bands.