

Critical Illness Insurance

Plan features and
benefits specially
prepared for Hy-Vee



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. Select one of the plans offered.
2. When the diagnosis of a covered critical illness occurs, the plan pays you a lump-sum benefit amount based on the plan you choose and the illness.
 - 100% of Benefit Amount for heart attack, stroke, major organ failure, end-stage renal failure, paralysis, complete loss of sight, speech, or hearing, coma, invasive cancer, benign brain tumor
 - 25% for advanced Alzheimer's, Parkinson's, bypass surgery, non-invasive cancer
 - 10% for Angioplasty
3. Should there be a reoccurrence of the same illness or an additional diagnosis of a different covered illness, the plan provides ongoing benefits.

Features & Extras

- Coverage is fully portable
- Spouse covered at 50% of employee amount—children covered at 50%
- Additional \$50 wellness benefit

**Cash benefits are paid directly to the insured with
no restrictions on how the funds can be used.**

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

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 anything else you might need

PRODUCT FEATURES AND BENEFITS

Covered Conditions	100% of Benefit Amount for heart attack, stroke, major organ failure, end-stage renal failure, paralysis, complete loss of sight, speech, or hearing, coma, invasive cancer, benign brain tumor
Partial Benefits	25% for Advanced Alzheimer’s, advanced Parkinson’s, bypass surgery, non-invasive cancer 10% for Angioplasty or artherectomy
Benefit Amount	\$10,000 or \$20,000
Guaranteed Issue	Up to \$20,000
Wellness Benefits	\$50 wellness benefit
Skin Cancer Benefit	\$100 per calendar year upon skin cancer diagnosis
Additional Occurrence Benefit	No limit on number as long as at least 90 days between last diagnosis
Reoccurrence Benefit	An additional lump-sum payment for a reoccurrence of the same covered critical illness, as long as the reoccurrence is more than 365 days from the date of initial diagnosis for that covered critical illness. A “reoccurrence” must be diagnosed as a reoccurrence, rather than a continuation of the initial covered occurrence. No limit on number of reoccurrences
Dependent Coverage	Spouse 50% of employee amount No additional cost for covered children; Children covered at 50% of employee amount
Portability	Fully portable regardless if group stays in force but still subject to the normal termination age
Non-local Transportation and Lodging	Transportation: \$500 airfare; \$.50/mile up to 1,000 miles; not to exceed \$5,000 per a 12 month period. Outpatient Lodging: \$100 per day, not to exceed \$1,000 per a 12 month period.
Second Opinion Benefit	\$1,000 for a second surgical opinion as to the need for a surgical procedure.

Critical Illness Coverage Weekly Premiums

	Ages	Non-Tobacco		Tobacco	
		Employee	Employee + Spouse	Employee	Employee + Spouse
\$10,000 Benefit Amount	18-29	\$1.29	\$2.13	\$1.83	\$2.94
	30-39	\$2.19	\$3.48	\$3.31	\$5.17
	40-49	\$3.89	\$6.03	\$6.75	\$10.32
	50-59	\$6.77	\$10.35	\$11.30	\$17.15
	60+	\$10.90	\$16.54	\$18.53	\$27.99
\$20,000 Benefit Amount	18-29	\$2.18	\$3.47	\$3.26	\$5.08
	30-39	\$3.97	\$6.16	\$6.22	\$9.53
	40-49	\$7.38	\$11.26	\$13.09	\$19.83
	50-59	\$13.14	\$19.91	\$22.20	\$33.50
	60+	\$21.39	\$32.28	\$36.65	\$55.18

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

Pre-Existing Condition Limitation: During the first 12 months following the effective date of coverage for an insured person, any specified health event that occurs due to a pre-existing condition is not covered and no benefits will be payable under the policy in connection with such specified health event. This Pre-Existing Condition Limitation does not apply to the wellness benefit. 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 the one-year period before the effective date of coverage of the insured person.

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.



MIDWEST HERITAGE

A Hy-Vee Company

Banking • Investments • Insurance

Policies issued by:

Reserve National Insurance Company

A Kemper Life and Health Company

Oklahoma City, Oklahoma

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

Kemper Health, kemperbenefits.com, is part of Kemper Corporation (NYSE: KMPR) is one of the nation's leading, with subsidiaries that provide an array of products to the individual and business markets. Kemper's underwriting companies are rated "A-" (Excellent) for financial strength and ability to meet policyowner obligations by A.M. Best Company, a leading insurance rating authority.

Kemper Corporation's underwriting company for the Kemper Health voluntary worksite life, accident and health 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. Kemper Corporation is not responsible for the products of any of its underwriting companies.

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 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 insurance 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.

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