



Everyone deserves a better Tomorrow.  
 CriticalAssistance Advance<sup>SM</sup> is critical illness insurance that pays benefits for specific illnesses.

**Understanding CriticalAssistance Advance<sup>SM</sup>**

CriticalAssistance Advance is designed to come to the rescue of those budget-conscious families by helping pay the costs associated with the initial occurrence of a heart attack, stroke, or other serious illness as defined in the policy. You choose your benefit amount. Benefits are also available for your spouse and eligible children. Their benefit amount will be 50% of the benefit you elect.

**Critical Illness Lump Sum Benefit**

Pays you a lump sum benefit equal to the amount you choose multiplied by the applicable percentage shown in the Schedule of Benefits upon the occurrence of a covered critical illness within each category. If the benefit payment is less than 100% of the selected benefit amount, the policy pays another lump sum benefit amount upon the diagnosis of a different type of critical illness within the same category up to the limit per category. There is a lifetime maximum of three times the benefit amount you choose.

**Issue Ages**

Employee and spouse age 18 and up, eligible children from birth through age 25.

**Take our portable policy with you.**

Keep your insurance when changing jobs by opting to pay premiums directly to us within 31 days of leaving your current job. Let us know you want to continue your critical illness insurance policy, and we'll bill you directly.

**Enjoy our hassle-free claims process.**

Our easy-to-navigate website allows you to manage your information, policies and claims from your PC or mobile device.

Product Highlights
Use benefits for medical or non-medical expenses
No waiting period
Benefits paid directly to you
Payroll-deducted premiums
Family options available

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).

This is a brief summary of CriticalAssistance Advance, Critical Illness Insurance. Policy form series CPCIO400 and CCCIO400. Forms and form numbers may vary. Insurance may not be available in all jurisdictions. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

# BENEFIT PAYMENT EXAMPLE

Benefit Amount Selected: **\$30,000**

Effective date of coverage: **1/1/2014**

First Occurrence of	Date	Benefit Amount	Percentage Payable (per chart)	Benefit Payable	Less Amount Paid in Category	Payout
Coronary Bypass Surgery	1/15/2014	\$30,000	25%	\$7,500	0	\$7,500
Heart Attack	3/20/2014	\$30,000	100%	\$30,000	\$7,500	\$22,500
Paralysis in all four limbs (Not due to stroke)	8/15/2015	\$30,000	100%	\$30,000	0	\$30,000
Invasive Cancer	2/15/2016	\$30,000	100%	\$30,000	0	\$30,000

**Total Benefit Paid Under this Coverage: (3 x Selected Benefit Amount) \$90,000**

## Critical Illness Definitions

**Heart Attack** - Diagnosis must be supported by 3 or more of the following indicators: typical chest pain suggestive of heart attack; new EKG changes indicative of myocardial infarction; diagnostic increase of specific cardiac markers (elevated levels of cardiac enzymes in the blood) typical for heart attack; or, confirmatory imaging studies.

**Stroke** - Diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies. Stroke does not include neurological symptoms due to non-permanent, brief episodes of neurological dysfunction, such as Transient Ischemic Attack, caused by focal brain or retinal ischemia, with clinical symptoms typically lasting less than one hour, and without evidence of acute infarction; it is not associated with permanent cerebral infarction, reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, or vascular disease affecting the eye, optic nerve or vestibular functions.

**Heart Transplant** - Being placed on the transplant list or undergoing surgery to receive a transplant of a human heart.

**Coronary Bypass Surgery** - Angiographic evidence to support the necessity for this surgery will be required. This benefit does not include balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

**Angioplasty/Stent** - Coronary angioplasty must be performed by a physician who is also a board-certified cardiologist. This benefit is confined to the heart; therefore, angioplasty/stenting of renal arteries or other peripheral arteries are excluded from this benefit.

**Mammography** - Upon the referral of a nurse practitioner, certified nurse midwife, or Physician providing care to the Covered Person and operating within the scope of practice provided under existing law for breast cancer screening or diagnostic purposes.

**Major Organ Transplant** - Placed on the federally recognized transplant list or undergoing surgery to receive a transplant of a human lung, liver, kidney or pancreas.

**End Stage Renal Failure** - Chronic irreversible failure of both kidneys requiring treatment by renal dialysis or kidney transplant.

**Paralysis** - Quadriplegia, paraplegia, or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of diagnosis to determine if paralysis is permanent. A benefit will not be paid for paralysis that results from a stroke or psychiatric related causes.

**Burns** - A full-thickness burn (third-degree) covering at least 50% of the body surface.

**Coma** - Lasting for 30 consecutive days with no reaction to external stimuli, no reaction to internal needs and the use of life support systems. Diagnosis must indicate permanent neurological deficit is present.

**Loss of Sight, Speech, or Hearing** - Total and irreversible loss of sight in both eyes, total and permanent loss of speech, or total and irreversible loss of hearing in both ears that cannot be corrected by the use of a hearing aid or device.

**Miscellaneous Diseases** - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/Meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease), or Tuberculosis.

**Invasive Cancer** - A Cancer which is evidenced by the presence of a malignant tumor characterized by uncontrolled and abnormal growth and spread of malignant cells, and the invasion of tissue. Leukemia, Hodgkin's Disease (except Stage 1), and malignant melanoma and mycosis fungoides that is located in the liver, spleen, GI track, lungs, bone marrow, lymph nodes and blood are considered an Invasive Cancer, as well as Prostate Cancer with TNM Classification of T2-T4. This benefit is payable at 100% of the benefit amount. Does not include pre-malignant conditions or conditions with malignant potential or Prostatic Cancers which are histologically described as TNM Classification T1 (including T1a or T1b, or of other equivalent or lesser classification).

**Bone Marrow Transplant** - The irreversible failure of a Covered Person's bone marrow for which a Physician has determined that the replacement (with bone marrow from the Covered Person or another human donor) is necessary.

**Cancer Confined in its Site of Origin (In Situ)**- Cancer that is in the normal place, confined to the site of origin in one organ without having invaded neighboring tissue. Payable at a reduced benefit amount.

**Prostate Cancer with TNM Classification of T1**- Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography. This benefit is payable at a reduced benefit amount. Prostate Cancer does not include TX-T10 nor T1a or T1b and T2-T4 since they are payable at the full benefit amount under the more developed cancers included in the Invasive Cancer benefit.

**Skin Cancer** - Basal cell epithelioma or squamous cell carcinoma. Skin cancer includes non-melanoma skin cancer but does not include malignant melanoma as that is covered under the Invasive Cancer definition. The Skin Cancer benefit is payable at a reduced benefit amount.

## PRODUCT DETAILS

Category 1	Percentage of Benefit	Plan 1
Heart Attack	100%	Included
Stroke	100%	Included
Heart Transplant Surgery	100%	Included
Coronary Bypass Surgery	25%	Included
Angioplasty/Stent	5%	Included
Mammography	\$200	Included

Category 2	Percentage of Benefit	Plan 1
Major Organ Transplant Surgery (excluding heart)	100%	Included
End-Stage Renal Failure	100%	Included
Burns (3rd degree or 50% coverage)	100%	Included
Coma	100%	Included
Loss of Sight, Speech, and/or Hearing	100%	Included
Miscellaneous Diseases	100%	Included
Paralysis Not due to Stroke - all 4 limbs	100%	Included
Paralysis Not due to Stroke - less than 4 limbs	50%	Included

Category 3	Percentage of Benefit	Plan 1
Invasive Cancer	100%	Included
Bone Marrow Transplant	100%	Included
Cancer Confined in its Site of Origin (In Situ)	25%	Included
Prostate Cancer with TNM Classification of T1	25%	Included
Skin Cancer	5%	Included

Optional Riders	Plan 1
Wellness Benefit Rider Annual Benefit	\$100

**Elected Benefit** - Employee may purchase a benefit amount based on the premiums as shown in the following pages. Dependent coverage is available for 50% of the employee's Elected Benefit.

**Lifetime Maximum Benefit** - Total Critical Illness and Recurrent Benefits are limited to 3 times the Elected Benefit.

# PRODUCT DETAILS

## Plan 1 Monthly Non-Tobacco Rates

**Category 1:** Heart Attack, Stroke, Heart Transplant, Coronary Bypass Surgery, Angioplasty/Stent and Mammography  
**Category 2:** Major Organ Transplant, End-Stage Renal Failure, Burns, Coma, Paralysis, Loss of Sight/Speech/Hearing  
 Miscellaneous Diseases

**Optional Riders:**

**Category 3:** Cancer Benefit Rider  
 Wellness Benefit Rider (\$100)

Employee		
Age	\$15000	\$30000
18-29	\$17.40	\$25.80
30-39	\$18.60	\$28.20
40-49	\$28.05	\$47.10
50-59	\$44.85	\$80.70
60-64	\$87.75	\$166.50
1 Parent Family		
18-29	\$20.24	\$28.94
30-39	\$21.44	\$31.34
40-49	\$30.89	\$50.24
50-59	\$47.69	\$83.84
60-64	\$90.59	\$169.64
2 Parent Family		
18-29	\$28.17	\$38.52
30-39	\$31.32	\$44.82
40-49	\$45.57	\$73.32
50-59	\$68.67	\$119.52
60-64	\$133.17	\$248.52

The above rates reflect the addition of first occurrence coverage.

Issue State: California  
 Rate generation date: April 22, 2015

# PRODUCT DETAILS

## Plan 1 Monthly Tobacco Rates

**Category 1:** Heart Attack, Stroke, Heart Transplant, Coronary Bypass Surgery, Angioplasty/Stent and Mammography  
**Category 2:** Major Organ Transplant, End-Stage Renal Failure, Burns, Coma, Paralysis, Loss of Sight/Speech/Hearing  
Miscellaneous Diseases

**Optional Riders:**

**Category 3:** Cancer Benefit Rider  
Wellness Benefit Rider (\$100)

Employee		
Age	\$15000	\$30000
18-29	\$25.20	\$41.40
30-39	\$27.60	\$46.20
40-49	\$46.65	\$84.30
50-59	\$87.15	\$165.30
60-64	\$158.85	\$308.70
1 Parent Family		
18-29	\$28.04	\$44.54
30-39	\$30.44	\$49.34
40-49	\$49.49	\$87.44
50-59	\$89.99	\$168.44
60-64	\$161.69	\$311.84
2 Parent Family		
18-29	\$37.92	\$58.02
30-39	\$40.32	\$62.82
40-49	\$72.27	\$126.72
50-59	\$133.32	\$248.82
60-64	\$240.12	\$462.42

The above rates reflect the addition of first occurrence coverage.

Issue State: California  
Rate generation date: April 22, 2015

## LIMITATIONS AND EXCLUSIONS

We do not cover losses caused by, or as a result of, the following:

- Conditions other than those due to a covered Critical Illness.
- The covered person committing or attempting to commit a felony or to which a contributing cause was the covered person's being engaged in an illegal occupation.
- The covered person intentionally causing self-inflicted injury.
- The covered person committing suicide, whether sane or insane.
- The covered person's active duty service in the armed forces of any country, including national guard and reserve service.
- Surgeries performed outside the United States or its Territories.

Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

**Heart Attack** - Diagnosis must be supported by 3 or more of the following indicators: typical chest pain suggestive of heart attack; new EKG changes indicative of myocardial infarction; diagnostic increase of specific cardiac markers (elevated levels of cardiac enzymes in the blood) typical for heart attack; or, confirmatory imaging studies, such as chest X-ray, echocardiogram, angiogram, cardiac CT scan or cardiac MRI scan. Heart attack does not apply to any other heart conditions, such as arrhythmia or cardiomyopathy.

**Stroke** - Diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies. Stroke does not include neurological symptoms due to (1) non-permanent, brief episodes of neurological dysfunction, such as Transient Ischemic Attack, caused by focal brain or retinal ischemia, with clinical symptoms typically lasting less than one hour, and without evidence of acute infarction; it is not associated with permanent cerebral infarction; (2) reversible neurological deficit; (3) migraine; (4) cerebral injury resulting from trauma or hypoxia; or (5) vascular disease affecting the eye, optic nerve or vestibular functions.

**Heart Transplant Surgery** - Being placed on the transplant list or undergoing surgery to receive a transplant of a human heart.

**Coronary Bypass Surgery** - Angiographic evidence to support the necessity for this surgery will be required. This benefit does not include balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

**Angioplasty/Stent** - Coronary angioplasty must be performed by a physician who is also a board-certified cardiologist. This benefit is confined to the heart; therefore, angioplasty/stenting of renal arteries or other peripheral arteries are excluded from this benefit.

**Major Organ Transplant** - Being placed on the transplant list or undergoing surgery to receive a transplant of a human heart, lung, liver, kidney or pancreas.

**End Stage Renal Failure** - Chronic irreversible failure of both kidneys that requires treatment by renal dialysis or kidney transplant.

**Paralysis** - Quadriplegia, paraplegia, or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of diagnosis to determine if paralysis is permanent. A benefit will not be paid for paralysis that results from a stroke or psychiatric related causes.

**Burns** - A full-thickness or third-degree burn covering at least 50% of the body surface.

**Coma** - Lasting for 30 consecutive days with no reaction to external stimuli, no reaction to internal needs and the use of life support systems. Diagnosis must indicate that permanent neurological deficit is present.

**Loss of Sight, Speech, or Hearing** - Total loss of sight in both eyes, total and permanent loss of speech, or total and irreversible loss of hearing in both ears that cannot be corrected by the use of a hearing aid or device.

**Miscellaneous Diseases** - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/Meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease), or Tuberculosis.

# LIMITATIONS AND EXCLUSIONS

## Cancer Benefit Rider

**Invasive Cancer** - A cancer which is evidence by the presence of a malignant tumor characterized by uncontrolled and abnormal growth and spread of malignant cells, and the invasion of tissue. Leukemia, Hodgkin's Disease (except Stage 1 Hodgkin's Disease), and malignant melanoma and mycosis fungoides that is located in the liver, spleen, GI track, lungs, bone marrow, lymph nodes and blood are considered an Invasive Cancer. Prostate Cancer with TNM Classification of T2-T4 would be included as an Invasive Cancer. This benefit is payable at 100% of the benefit amount.

Invasive Cancer does not include pre-malignant conditions or conditions with malignant potential, prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification).

**Cancer Confined in its Site of Origin (In Situ)** - Cancer that is confined to the site of origin without having invaded neighboring tissue. This includes cancer in one organ, such as prostate or indolent cancer. This benefit is payable at a reduced benefit amount. (This does not include cancer that has spread throughout the organ, such as breast cancer, which would be considered Invasive Cancer.)

**Prostate Cancer with TNM Classification of T1** - Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography. This benefit is payable at a reduced benefit amount. This does not include TX-T0 nor T1(a) or T1(b). This also does not include T2-T4, which would be considered Invasive Cancer.

**Skin Cancer** - Basal cell epithelioma or squamous cell carcinoma. This includes non-melanoma skin cancer. This does not include melanoma, which would be considered an Invasive Cancer. This benefit is payable at a reduced benefit amount.

## Termination of Insurance

Employee coverage will terminate on the earliest of:

- The date of the employee's death;
- The date on which the employee ceases to be eligible for coverage;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel coverage.

Dependent coverage will terminate on the earliest of:

- The date the employee's coverage terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent coverage; or
- The date the employee sends us a written notice to cancel dependent coverage.

We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

## Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

## Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end, subject to the Portability Option.

## Other Insurance with Us

An individual can only have one critical illness policy or certificate with us. If a person already has critical illness insurance with us, such person is not eligible to apply for this coverage.