

Member Guide

Critical Illness Insurance

Plan features and benefits
for the members of Bucket Pay Union Group - Teamsters Local



You may know people who have been affected by a critical illness such as cancer, stroke or heart attack, and witnessed the impact it had on their quality of life. Are you prepared if a critical illness were to happen to you?

Kemper Benefits Critical Illness insurance can help you when you need it the most. It provides a valuable benefit should you or your family be faced with bills resulting from a critical illness.

This benefit is in addition to your medical insurance. It helps fill the financial gaps left by deductibles, coinsurance and other out-of-pocket expenses. Critical illnesses often involve a recovery period resulting in time away from work.

This could mean lost income for you and your family, but it doesn't have to.

The Kemper Benefits Critical Illness benefit is paid directly to you and can be used for medical and non-medical costs, like child care, rent or even groceries.

Kemper Benefits Critical Illness insurance plan also includes an annual \$50 wellness benefit for you and each insured person, which can be used for health screenings, including mammograms, colonoscopies and PAP smears.

Your union wants to help and is providing you with the opportunity to enroll in a Kemper Benefits Critical Illness insurance plan.

Kemper Benefits Critical Illness insurance plan includes benefits for common critical illnesses:

- Heart attack
- Stroke
- Major organ transplant
- Paralysis
- End-stage renal failure
- Alzheimer's disease*
- Parkinson's*
- Muscular dystrophy*
- Coronary bypass surgery
- Major third-degree burns
- Angioplasty*
- Cancer

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 whatever else you need

Product Features and Benefits

Covered Conditions	100% of Benefit Amount for heart attack, stroke, major organ transplant, end-stage renal failure, paralysis, loss of sight, speech, or hearing, coma, major third degree burns, occupational HIV, cancer
Partial Benefits	25% for Alzheimer's, Parkinson's, Muscular Dystrophy Syndrome with the loss of 3 or more ADL's; bone marrow transplant, benign brain tumor, bypass surgery, cancer in situ 10% for Angioplasty
Benefit Amount	\$15,000
Guaranteed Issue	Up to \$15,000
Wellness Benefits	\$50 wellness benefit
Additional Occurrence Benefit	No limit on number as long as at least 6 months 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 member amount No additional cost for covered children; Children covered at 25% of member amount
Portability	Fully portable regardless if group stays in force but still subject to the normal reductions and termination age

*partial benefit

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 specified health event occurring prior to the effective date of coverage for an insured person (benefits are payable 12 months after the effective date of coverage, as provided in the Pre-existing Conditions Limitations provision);
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. Declared war or any act of declared war;
8. Travel in or descent from an aircraft, except while a fare-paying passenger;
9. 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.

Strength. Solutions. Security. That's the Kemper edge.

Kemper Benefits is bringing value back to benefits

Kemper Benefits products are meant to integrate with and supplement benefits already available to you. Voluntary benefits are simply insurance products that provide added value to your core health benefits.

kemperbenefits.com

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 Benefits, 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 Benefits 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 Benefits 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 Benefits 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 Benefits coverage.

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