

AIG CRITICALCARE

PRODUCT SPECIFICATIONS

Coverage Type	Provides a lump sum benefit in the event the insured suffers a critical illness.
Critical Illness Conditions Covered	<ul style="list-style-type: none"> ◆ Cancer – 100% of maximum benefit amount if qualifying event occurs more than 90 days after the policy effective date; 0% of maximum benefit amount if qualifying event occurs within the first 90 days of coverage ◆ Heart Attack – 100% of maximum benefit amount ◆ Stroke – 100% of maximum benefit amount ◆ Kidney Failure – 100% of maximum benefit amount ◆ Coma – 100% of maximum benefit amount ◆ Coronary Artery Bypass – 25% of maximum benefit amount ◆ Loss of Sight, Speech, or Hearing – 100% of maximum benefit amount ◆ Major Organ Transplant – 100% of maximum benefit amount. The covered organs are human heart, liver, Kidney, pancreas, bone marrow, and lung. ◆ Paralysis, which includes: <ul style="list-style-type: none"> Quadruplegia – 100% of maximum benefit amount Paraplegia – 50% of the maximum benefit amount Hemiplegia – 50% of the maximum benefit amount ◆ Severe Burn: 100% of the maximum benefit amount if 20% or more of the insured's body is burned with third-degree burns. ◆ Carcinoma In Situ: 25% of the benefit amount with a total cap of \$25,000 for In Situ <p>Benefits will be automatically reduced by 50% at the later of either age 65 or after 5 years in force.</p>
Plan Types	Coverage Tiers: <ul style="list-style-type: none"> ◆ Primary Insured ◆ Spouse ◆ Child(ren)
Issue Age	18 – 69
Preventive Care Benefit	\$50 per year The following tests are covered: <ul style="list-style-type: none"> ◆ Blood test for triglycerides ◆ Breast ultrasound ◆ Chest X-ray ◆ Colonoscopy ◆ Electrocardiogram (EKG) ◆ Fasting blood glucose test ◆ Flexible sigmoidoscopy ◆ Hemocult stool analysis ◆ Mammography ◆ Pap test ◆ PSA (blood test for prostate cancer) ◆ Serum protein electrophoresis (blood test for myeloma) ◆ Stress test on a bicycle or treadmill ◆ Serum cholesterol test to determine level of HDL and LDL
Waiting Period	30 days (90 days for Cancer and In Situ)
Elimination Period	None.

Minimum Amount	\$10,000 for all ages
Maximum Amount	\$50,000 for all ages under Simplified Issue requirements. Up to \$100,000 using only oral fluids and anything over \$100,000 on a fully underwritten basis. The spouse and the children's maximum benefit amount is 50 percent of the primary insured maximum benefit amount.
Benefit Length	To age 75
Underwriting	<ul style="list-style-type: none"> ◆ Up to \$50,000 - Non-medical Simplified Issue – Limited only to questions on application (accept or decline). ◆ \$50,000-\$100,000 – Oral Fluids ◆ >\$100,000 – Full Underwriting
Premium Structure	Can be sold in \$1,000 increments on the base insured, spouse, and child(ren). The base insured and spouse will have premiums that vary based on their respective issue ages and smoking status in five-year age bands. The child(ren)'s premium will not be issue age or smoker specific. The Children's premium will cover one or more children.
Premium Rates	<ul style="list-style-type: none"> ◆ Fixed and level ◆ Payment period to age 75 ◆ Modes Available: Annual (A), Semi-Annual(S), Quarterly (Q), Pre Approved Checking (PAC), Payroll Deduction (PD) ◆ Policy Fees: \$.40 per premium collected except on an annual basis. The policy fee is not applied to the annual mode.

<p>Riders and Endorsements</p>	<p><u>Benefit Extension Rider:</u> This is a premium paying optional rider that will follow the same premium paying structure as the base policy. This rider has a premium for each policyholder attached to a contract, Primary, Spouse and Family.</p> <ul style="list-style-type: none"> ◆ <u>Continuation:</u> Upon diagnosis of a subsequent medically related covered Critical Illness more than 180 days after the Insured Person's any previous covered Critical Illness, we will pay the indicated percentage of the Critical Illness Maximum Benefit Amount. This does not include paralysis if a prior claim was paid for stroke or loss sight, speech and hearing. ◆ <u>Recurrence:</u> Upon diagnosis of a subsequent medically related Critical Illness for which benefit have already been paid, there is a 2 year treatment free period after the Insured Person's first covered Critical Illness. The treatment free period does not include maintenance medications or follow-up visits. The company will pay 50 percent of the Critical Illness Maximum Benefit Amount defined in the Policy Schedule after applying any contract provisions contained in this contract. This includes only invasive cancer, kidney failure, heart attack, stroke, paralysis, bypass, coma, and transplant. This does not include In Situ cancer, burns and loss of sight/vision, coma, and bypass. <p>The maximum amount paid on the base policy and the extension rider is three times the maximum benefit amount for all occurrences attached to this policy.</p> <p>Spouse and child rider rates are to be used with the number of units associated with the spouse and/or child, and are not to be used with the number of units associated with the base insured. Currently, the number of units associated with the spouse and/or child is half of the units associated with the base insured.</p> <p><u>SARS Rider:</u> The rider will be optionally renewable and will pay a diagnosis benefit for SARS. The diagnosis will be based on the most recent CDC definition and admittance in a hospital due to SARS. The amount of the rider will be determined at a later date, however, a dollar cap will be applied to limit our risk.</p> <p>NOTE: This rider is included on all policies at no charge.</p> <p><u>Discount Health Care Provider Network</u></p> <ul style="list-style-type: none"> ◆ Endorsement to the policy – Complimentary Membership ◆ Provides a membership into a health care cost savings program designed to save an individual 10%-50% on applicable out-of-pocket health care costs on services obtained through a national network of health care providers <p><u>2nd Opinion Referral Service</u></p> <ul style="list-style-type: none"> ◆ Endorsement to the policy – Complimentary Membership ◆ Provides a membership into a health care provider referral service if the policyholder should want a second opinion
<p>Portable</p>	<p>Yes.</p>

	<p>Platinum Plus.</p> <ul style="list-style-type: none"> ◆ Lodging Benefit - Charges up to \$75 per day for lodging for insured or adult family member when insured receives special cancer treatment at a hospital more than 100 miles from insured's residence. Limited to 60 days per calendar year. This benefit is payable only on Platinum and Platinum Plus. ◆ Transportation Benefit - Charges up to a lifetime limit of \$2,000 for transportation of insured and one attendant to and from any non-local hospital. Private automobile is limited to \$0.50 per mile and the distance must be not less than 100 miles. This benefit is payable only on Platinum and Platinum Plus. ◆ Anti-Nausea Benefit - Charges up to \$100 per month for prescribed anti-nausea drugs. This benefit is payable only on Platinum and Platinum Plus. ◆ Bone Marrow Transplant Benefit - Charges up to \$10,000 for an inpatient bone marrow transplant, \$5,000 on an outpatient basis. This benefit is payable only on Platinum and Platinum Plus. ◆ Second Surgical Opinion Benefit - Charges up to \$250 for a second surgical opinion. This benefit is payable only on Platinum and Platinum Plus. ◆ Disability Income Benefit - \$200 per week for up to 26 weeks for total disability after a 14-day waiting period. This benefit is payable only on Platinum and Platinum Plus. ◆ Stem Cell Transplant Benefit - Charges up to a lifetime limit of \$2,500 for a stem cell transplant. This benefit is payable only on Platinum Plus. ◆ Experimental Treatment Benefit - Charges up to \$300 per day for experimental cancer treatments. This benefit is payable only on Platinum Plus. ◆ Ambulatory Surgical Center Benefit - \$300 per day for a surgical procedure performed in an ambulatory surgical center. This benefit is payable only on Platinum Plus. ◆ National Cancer Institute Evaluation Benefit - \$500 for an evaluation or consultation at a National Cancer Institute (NCI). \$250 additional for transportation and lodging if the NCI is more than 100 miles from the insured's residence. This benefit is payable only on Platinum Plus. ◆ Surgical Schedule – See Schedule.
Waiting Period	30 days
Plan Types	<p>Coverage Tiers:</p> <ul style="list-style-type: none"> ◆ Individual ◆ Parent and Child(ren) ◆ Family
Issue Ages	<p>0-64 for the Individual plan 18-64 for the Parent and Child(ren), and Family plans.</p>
Underwriting	Non-medical Simplified Issue – Limited only to questions on application (accept or decline)
Premium Structure	Premiums vary by state depending upon the minimum required loss ratio. 50% is the standard loss ratio. 55% loss ratios are required in DC, FL, MI, NC, and WV. A 60% loss ratio is required in MD. Premiums are in 5-year age bands, are unisex and are not smoker distinct.
Premium Rates	<ul style="list-style-type: none"> ◆ Fixed and level ◆ Payment period for life ◆ Modes Available: Annual (A), Semi-Annual(S), Quarterly (Q), Pre Approved Checking (PAC), Payroll Deduction (PD) ◆ Policy Fees: \$.40 per premium collected except on an annual basis. The policy fee is not applied to the annual mode.
Portable	Yes.
Policy Form	Gold – 02181, Platinum – 02182, Platinum Plus - 02183

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Portable	Yes.
Policy Form	Gold 02181, Platinum 02182, Platinum Plus - 02183