



Benefits At-A-Glance

Critical Illness Insurance

The Lincoln Critical Illness Insurance plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event while insured under this plan
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for Webber, LLC employees
- Includes access to a Personal Health Advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

Coverage for you

Critical Illness Insurance Employee	
Guaranteed coverage amount	\$20,000
Maximum coverage amounts	Choice of \$20,000

Guaranteed Coverage Amounts

- You can choose from the coverage amount above without providing evidence of insurability (documentation of your health history).
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required.

Coverage for your spouse

Critical Illness Insurance Spouse	
Guaranteed coverage amounts	\$10,000
Maximum coverage amounts	Choice of \$10,000 (50% of the employee coverage amount)

Guaranteed Coverage Amounts

- You can choose from the coverage amount for your spouse without providing evidence of insurability (documentation of your spouse's health history).
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required.

Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

Critical Illness Insurance Dependent Children	
Guaranteed coverage amounts	\$10,000 (50% of the employee coverage amount)

Guaranteed Coverage Amounts

- You can choose from the coverage amount above for your dependent children.

No money is due at enrollment. Your premium simply comes out of your paycheck.

Core Benefits

Covered Conditions	
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
Renal (kidney) failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Additional childhood conditions	100%
Arterial/vascular disease	10%
Noninvasive cancer (in situ)	25%
Supplemental Conditions	
Advanced COPD	100%
AIDS	100%
Advanced multiple sclerosis	25%
Benign brain tumor	50%
Accidental Injuries Benefit	
Severe burns, permanent paralysis or traumatic brain injuries	100%
Recovery Assistance	Your Cash Benefit
Family Care Benefit	\$25 per day for up to 30 days
Lodging (when 100+ miles from home)	\$100 per night for up to 15 nights
Transportation (when 100+ miles from home)	\$200 per trip for up to 2 trips
Health Assessment	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	\$50

Benefit Exclusions

The plan includes only covered conditions or losses that are diagnosed while this insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months.

Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.

During the first 12 of coverage benefits will not be payable for a pre-existing condition unless the insured has gone treatment free for that condition for 6 months. A "pre-existing" condition is one in which you or an insured dependent receive treatment during the 3 months prior to the effective date of coverage. Treatment means consultation, care, and services provided or prescribed by a Physician for which symptoms exist. If you are a participant in a Critical Illness plan which this plan replaces and are diagnosed with a pre-existing condition, we will consider whether the condition was payable under the prior plan when determining if it will be payable under this plan.

A complete list of benefit exclusions is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Health advocacy services are provided by Health Advocate, Inc. (Plymouth Meeting, PA), the nation's leading healthcare advocacy company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment.

Insurance products (policy series GL501) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products (policy series GL501) are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

Not for use in New York.



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Group Critical Illness Insurance | Benefits At-A-Glance

Critical Illness Insurance Premium

Here's how little you pay with group rates.

Group Rates for You

Employee | Weekly Premiums

Employee Age Range	\$20,000
17 - 19	\$1.66
20 - 29	\$1.66
30 - 39	\$2.82
40 - 49	\$5.58
50 - 59	\$11.26
60 - 69	\$21.05
70+	\$21.05

Group Rates for Your Spouse

Spouse | Weekly Premiums

Employee Age Range	\$10,000
17 - 19	\$0.83
20 - 29	\$0.83
30 - 39	\$1.41
40 - 49	\$2.79
50 - 59	\$5.63
60 - 69	\$10.52
70+	\$10.52

Group Rates for Your Dependent Children

Dependent Children | Weekly Premiums

Age Range	\$10,000
0 - 26	\$1.00

The Lincoln National Life Insurance Company
Please see prior page for product information.

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