Torrid, Inc.

Group Critical Illness Insurance



How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

What's covered?

Critical Illnesses	
• Heart attack • Stroke • Major organ failure • End-stage kidney failure	• Coronary artery disease • Major (50%): • Coronary artery bypass graft • or valve replacement • Minor (10%): • Balloon angioplasty or • stent placement

Cancer conditions	
• Invasive cancer — all breast cancer is considered invasive • Non-invasive cancer (25%)	• Skin cancer — $500

Progressive diseases	Supplemental conditions
• Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer's disease • Multiple Sclerosis (MS) • Parkinson's disease	• Loss of sight, hearing or speech • Benign brain tumor • Coma • Permanent Paralysis **Paid at 25%** • Infectious Diseases

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit	
Every year, each family member who has Critical Illness coverage can also receive $50 for getting a covered Be Well Benefit screening test, such as:	
• Annual exams by a physician include sports physicals, well-child visits, dental and vision exams • Screenings for cancer, including pap smear, colonoscopy • Cardiovascular function screenings	• Screenings for cholesterol and diabetes • Imaging studies, including chest X-ray, mammography • Immunizations including HPV, MMR, tetanus, influenza

Who can get coverage?

You:	Choose $10,000, $20,000 or $30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 100% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 100% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Monthly costs		
Age	Employee coverage: $10,000 Spouse coverage: $10,000 Be Well benefit: $50	
	Employee	Spouse
under 25	$2.00	$2.00
25 - 29	$2.50	$2.50
30 - 34	$3.40	$3.40
35 - 39	$4.30	$4.30
40 - 44	$5.40	$5.40
45 - 49	$6.90	$6.90
50 - 54	$8.70	$8.70
55 - 59	$11.40	$11.40
60 - 64	$16.50	$16.50
65 - 69	$22.20	$22.20
70 - 74	$34.20	$34.20
75 - 79	$54.30	$54.30
80 - 84	$54.30	$54.30
85+	$54.30	$54.30

Monthly costs		
Age	Employee coverage: $20,000 Spouse coverage: $20,000 Be Well benefit: $50	
	Employee	Spouse
under 25	$4.00	$4.00
25 - 29	$5.00	$5.00
30 - 34	$6.80	$6.80
35 - 39	$8.60	$8.60
40 - 44	$10.80	$10.80
45 - 49	$13.80	$13.80
50 - 54	$17.40	$17.40
55 - 59	$22.80	$22.80
60 - 64	$33.00	$33.00
65 - 69	$44.40	$44.40
70 - 74	$68.40	$68.40
75 - 79	$108.60	$108.60
80 - 84	$108.60	$108.60
85+	$108.60	$108.60

Monthly costs		
Age	Employee coverage: $30,000 Spouse coverage: $30,000 Be Well benefit: $50	
	Employee	Spouse
under 25	$6.00	$6.00
25 - 29	$7.50	$7.50
30 - 34	$10.20	$10.20
35 - 39	$12.90	$12.90
40 - 44	$16.20	$16.20
45 - 49	$20.70	$20.70
50 - 54	$26.10	$26.10
55 - 59	$34.20	$34.20
60 - 64	$49.50	$49.50
65 - 69	$66.60	$66.60
70 - 74	$102.60	$102.60
75 - 79	$162.90	$162.90
80 - 84	$162.90	$162.90
85+	$162.90	$162.90

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 30 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

Your paycheck deduction will include the cost of coverage and the Be Well Benefit. Actual billed amounts may vary.

Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony; being engaged in an illegal occupation; injuring oneself intentionally or attempting or committing suicide, whether sane or not; active participation in a riot or insurrection. This does not include civil commotion or disorder, injury as an innocent bystander, or injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; being intoxicated or under the influence of any controlled substance unless administered of the advice of a Physicial; and a Date of Diagnosis that occurs while an Insured is legally incarcerated in a penal or correctional institution.

Additionally, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date.

Continuity of coverage

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date. Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate. If you have not returned to Active Employment before any Insured's Date of Diagnosis, any benefits payable will be limited to what would have been paid by the prior carrier.
Date of diagnosis must be after the coverage effective date.

End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.
However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance.
Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.
Unum complies with applicable civil union and domestic partner laws.
THIS INSURANCE PROVIDES LIMITED BENEFITS
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Certificate Form GCIC16-1 and Policy Form GCIP16-1 or contact your Unum representative.
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