



EQUITABLE

Group name: Madix, Inc
Policy number: 010822

Protection that's critical.

Critical illness insurance benefit summary

The right critical illness insurance policy can help

Our plan covers many conditions, and can help pay for costs not covered by a traditional health plan.

There are no health questions and all coverage in the standard plans is guaranteed issue.

Medical issues are tied to 67% of bankruptcies, with 59% being the direct result of medical bills.¹



67%

Watch this quick video to learn more



Heart disease is the #1 cause of death in the United States.²



Every 40 seconds, someone has a stroke.³

:40



Benefit plan and features

Class definition: Class 1 – All Active Full Time Employees

	Employee	Spouse	Children
Benefit Amount	\$5,000 minimum to a maximum of \$30,000 in \$5,000 increments	\$5,000 minimum in \$5,000 increments to a maximum of \$30,000 Not to exceed 100% of the Employee Benefit	50% of the Employee Elected Benefit

Covered Conditions	Benefit Percentages	Recurrence Benefit Percentages
Heart Attack	100%	100%
Stroke	100%	100%
Major organ failure	100%	100%

Covered Conditions	Benefit Percentages	Recurrence Benefit Percentages
End-stage heart failure	100%	100%
End-stage kidney disease	100%	100%
Occupational infectious disease	100%	N/A
Coronary Artery Bypass	25%	25%
Angioplasty	5%	5%
Invasive Cancer	100%	100%
Cancer in Situ	25%	25%
Skin Cancer	5%	5%
Benign Brain Tumor	100%	100%
Coma	100%	100%
Paralysis	100%	N/A
Severe Burns	100%	100%
Advanced ALS/Lou Gehrig's Disease	100%	N/A
Advanced Alzheimer's Disease	100%	N/A
Advanced Parkinson's Disease	100%	N/A
Blindness	100%	N/A
Complete Loss of Hearing	100%	N/A
Loss of Speech	100%	N/A
Childhood Specific Conditions		
Cerebral Palsy	100%	N/A
Complex Congenital Heart Disease	100%	N/A
Cystic Fibrosis	100%	N/A
Type 1 Diabetes Mellitus	100%	N/A
Muscular Dystrophy	100%	N/A
Down Syndrome	100%	N/A
Spina Bifida	100%	N/A
Cleft Lip/Palate	100%	N/A

Critical Illness features

Additional Occurrence	Pays a second, unrelated diagnosis. Requires 3 mo. between diagnoses.
Recurrence	Pays subsequent diagnoses of a previously paid condition. Requires 6 mo. between diagnoses.
Enrollment	Annual Open Enrollment
Portability	To age 70
Rate Basis	Attained Age Rating
Wellness Screening Benefit	\$50 annually when qualifying exams or screenings are completed.

Qualifying exams and screenings for wellness screening benefit

- CA15-3 (blood test for breast cancer)
- Breast cancer screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- CA 125 (blood test for ovarian cancer)
- Colorectal cancer screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- CEA (blood test for colon cancer)
- Lipid panel (cholesterol, triglycerides, HDL, LDL)
- Pap smear
- Prostate cancer screening (digital rectal exam, PSA blood test)
- Skin cancer screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Cardiac exercise stress test
- Electrocardiogram (ECG)-resting or stress
- Chest x-ray
- Hemocult stool analysis
- Serum protein electrophoresis
- Carotid Doppler
- Echocardiogram
- Immunizations
- Interscholastic Sports Physical Exam

Understanding your benefits

Commonly Used Terms

Benefit Amount	The dollar value of the insurance and the amount able to be claimed.
Benefit Percentage	The percent of the "Benefit Amount" that is payable for each covered condition.
Recurrence Benefit Percentage	The percent of the "Benefit Amount" that is payable upon the second and all subsequent claims for a condition for which a claim has previously been paid under this policy.
Cancer in Situ	A diagnosis referring to cancer that has not spread into surrounding tissue (aka non-invasive cancer). A localized cancer is generally more easily resolved.
Attained Age Rating	Premium is based on the current age you have attained. Any increases in premium due to entering a new age-band will be administered at the next annual enrollment.