



Vontier Employment Services, LLC

# Group Specified Disease Insurance

All full-time non-union employees and Veeder Root Altoona union employees



## 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	
<ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke</li> <li>• Major organ failure</li> <li>• End-stage kidney failure</li> </ul>	<ul style="list-style-type: none"> <li>• Coronary artery disease</li> <li>• Major (50%):</li> <li>• Coronary artery bypass graft or valve replacement</li> <li>• Minor (10%):</li> <li>• Balloon angioplasty or stent placement</li> </ul>
Cancer conditions	
<ul style="list-style-type: none"> <li>• Invasive cancer — all breast cancer is considered invasive</li> </ul>	<ul style="list-style-type: none"> <li>• Non-invasive cancer (25%)</li> <li>• Skin cancer — \$500</li> </ul>
Progressive diseases	Supplemental conditions
<ul style="list-style-type: none"> <li>• Amyotrophic Lateral Sclerosis (ALS)</li> <li>• Dementia, including Alzheimer's disease</li> <li>• Multiple Sclerosis (MS)</li> <li>• Parkinson's disease</li> <li>• Functional loss</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of sight, hearing or speech</li> <li>• Benign brain tumor</li> <li>• Coma</li> <li>• Permanent Paralysis</li> <li>• Occupational HIV, Hepatitis B, C or D</li> <li>• Infectious Diseases (25%)</li> </ul>

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 Specified Disease coverage can also receive \$75 for getting a covered Be Well Benefit screening test, such as:

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| <ul style="list-style-type: none"> <li>• Annual exams by a physician include sports physicals, well-child visits, dental and vision exams</li> <li>• Screenings for cancer, including pap smear, colonoscopy</li> <li>• Cardiovascular function screenings</li> </ul> | <ul style="list-style-type: none"> <li>• Screenings for cholesterol and diabetes</li> <li>• Imaging studies, including chest X-ray, mammography</li> <li>• Immunizations including HPV, MMR, tetanus, influenza</li> </ul> |
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## 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 50% 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 50% 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.

Benefits may be subject to a pre-existing condition provision

Monthly costs		
Age	Employee coverage: \$10,000 Spouse coverage: \$5,000 Be Well benefit: \$75	
	Employee	Spouse
under 25	\$3.98	\$3.53
25 - 29	\$3.98	\$3.53
30 - 34	\$4.78	\$3.93
35 - 39	\$6.88	\$4.98
40 - 44	\$8.78	\$5.93
45 - 49	\$11.68	\$7.38
50 - 54	\$16.38	\$9.73
55 - 59	\$22.18	\$12.63
60 - 64	\$31.18	\$17.13
65 - 69	\$44.88	\$23.98
70 - 74	\$66.18	\$34.63
75 - 79	\$91.78	\$47.43
80 - 84	\$125.98	\$64.53
85+	\$196.98	\$100.03

Monthly costs		
Age	Employee coverage: \$30,000 Spouse coverage: \$15,000 Be Well benefit: \$75	
	Employee	Spouse
under 25	\$5.78	\$4.43
25 - 29	\$5.78	\$4.43
30 - 34	\$8.18	\$5.63
35 - 39	\$14.48	\$8.78
40 - 44	\$20.18	\$11.63
45 - 49	\$28.88	\$15.98
50 - 54	\$42.98	\$23.03
55 - 59	\$60.38	\$31.73
60 - 64	\$87.38	\$45.23
65 - 69	\$128.48	\$65.78
70 - 74	\$192.38	\$97.73
75 - 79	\$269.18	\$136.13
80 - 84	\$371.78	\$187.43
85+	\$584.78	\$293.93

Monthly costs		
Age	Employee coverage: \$20,000 Spouse coverage: \$10,000 Be Well benefit: \$75	
	Employee	Spouse
under 25	\$4.88	\$3.98
25 - 29	\$4.88	\$3.98
30 - 34	\$6.48	\$4.78
35 - 39	\$10.68	\$6.88
40 - 44	\$14.48	\$8.78
45 - 49	\$20.28	\$11.68
50 - 54	\$29.68	\$16.38
55 - 59	\$41.28	\$22.18
60 - 64	\$59.28	\$31.18
65 - 69	\$86.68	\$44.88
70 - 74	\$129.28	\$66.18
75 - 79	\$180.48	\$91.78
80 - 84	\$248.88	\$125.98
85+	\$390.88	\$196.98

**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 20 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 0 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 or activity; 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. This does not include any acts of terrorism. combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; 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.

### Pre-existing conditions

We will not pay benefits for a claim when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by or occurs as the result of any of the following:

- a Pre-existing Condition; or
- complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.

An Insured has a Pre-existing Condition if, within the 12 months just prior to their Coverage Effective Date, they have an injury or sickness, whether diagnosed or not, for which:

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period;
- drugs or medications were taken, or prescribed to be taken during that period.

The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.

Pre-existing Condition requirements are not applicable to children who are newly acquired after your 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.

If the Employer replaces a specified disease policy with this Policy, or the employee becomes insured due to a merger, acquisition or affiliation, and the prior carrier's pre-existing condition requirement has been satisfied, the Pre-existing Condition requirement under this coverage will not apply. However, if the Unum certificate provides a higher level of coverage at the time it becomes effective, its Pre-existing Condition requirement will apply to any increase in coverage. If the prior carrier's pre-existing condition requirement has not been satisfied, periods of coverage applicable to the prior carrier's Pre-existing Condition will count towards satisfying the Pre-existing Condition requirement under this coverage. 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 Specified Disease 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.

Underwritten by: Unum Insurance Company, Portland, Maine

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