

**Employer Plan Summary for:**  
**12940000 - EMR (USA Holdings) Inc.**

## Critical Illness

<b>Coverage Details</b>	
Symetra's voluntary Critical Illness insurance provides a lump sum payment if a covered condition is diagnosed after coverage takes effect for the individual. Covered conditions include critical illnesses and/or conditions, as specified below.	
<b>Core Benefits</b>	Invasive Cancer: 100%, Minor Cancer: 50%, Heart Attack: 100%, Stroke: 100%, Coronary Artery Disease: 100%, Major Organ Failure: 100%, End-Stage Renal Failure: 100%, Loss of Sight: 100%, Loss of Speech: 100%, Loss of Hearing: 100%, Paralysis: 100% (Covers Sickness and Accident)
<b>Neurological Conditions</b>	ALS/Other Motor Neuron Disease: 100%, Alzheimer's: 100%, Parkinson's Disease: 100%
<b>Other Benefits</b>	Type II Diabetes: 100%, Complications from Type II Diabetes: 100%
<b>Additional Occurrences</b>	If you are diagnosed with a Covered Critical Illness, and you are then, at least one day later, diagnosed with a different Covered Critical Illness, we will also pay the additional Critical Illness benefit for the second covered condition.
<b>Options</b>	
<b>Health Screening Benefit</b>	Pays an annual benefit amount of \$50 for x-ray and laboratory tests only incurred by the employee, spouse, or child.
<b>Recurrence Benefit</b>	Pays an additional benefit of 100% of the critical illness benefit when a specific critical illness recurs more than 6 month(s) after the first diagnosis. Each condition is payable an unlimited number of times unless otherwise specified in the certificate.
<b>Waiver of Premium</b>	None
<b>Employee Benefit Amount(s)</b>	
Critical Illness Employee Benefit: \$10,000 or \$20,000	
Guaranteed Issue Benefit: Up To \$10,000 or \$20,000	
<b>Dependent Benefit Amount(s)</b>	
Spouse Benefit: 50% of the benefit amount, Child Benefit: 25% of the benefit amount	
<b>Definitions</b>	
<b>Guaranteed Issue</b>	Guaranteed issue is the benefit amount available without the need for evidence of insurability at the time an individual is first eligible for coverage.
<b>Evidence of Insurability</b>	The guaranteed issue benefit amounts in our offering are available with no medical underwriting. EOI will not be required at initial open or annual enrollment. Outside of selecting coverage during an enrollment period, EOI will not be required during the plan year when an employee pursues coverage as a new employee or as an existing employee following an approved change in life status when said elections are made within 30 days of eligibility under the plan or the change in status.
<b>Age-Based Benefit Amount Reductions</b>	None

<b>Lifetime Maximum Benefit Payout</b>	No lifetime maximum
<b>Benefit Waiting Period</b>	None
<b>Pre-Existing Condition</b>	None
<b>Continuation of Coverage</b>	Included

If/when Critical Illness coverage is currently offered through a different carrier: The current participants of an existing plan will receive credit for time served under that policy as part of the Continuity with Prior Coverage feature found in Critical Illness policy offered by the Symetra Life Insurance Company. Symetra will rely on the Policyholder to confirm existing coverage status.

State variations may apply.

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

**Description of Benefits for:**  
**12940000 - EMR (USA Holdings) Inc.**

## **Critical Illness**

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### **Critical Illness Benefit**

Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect.

### **Invasive Cancer**

Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of neighboring tissue that is supported by histological evidence of malignancy. Invasive Cancer includes Leukemia, Lymphoma, Sarcoma, Malignant melanoma greater than 1mm in thickness, any type of breast cancer, or Multiple myeloma. Invasive Cancer must be diagnosed by a Specialist according to a Pathological or Clinical Diagnosis.

### **Minor Cancer (In Situ)**

Minor Cancer (In Situ) is defined as a cancer wherein the tumor cells lie within the tissue of origin and have not spread to neighboring tissue. Non-Invasive Cancer includes: chronic lymphocytic leukemia that has not progressed beyond RAI Stage 0; Stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or early prostate cancer classified as T1a or T1b (or equivalent staging) without lymph node or distant metastasis. The diagnosis must be confirmed with a report from a Specialist that includes the pathology report.

### **Heart Attack (Myocardial Infarction)**

Heart Attack (Myocardial Infarction) is defined as the ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries. The diagnosis must be made by a Specialist and based on serial measurement of cardiac biomarkers in the blood showing a pattern and to a level consistent with a diagnosis of Heart Attack (Myocardial Infarction) and any other diagnostic criteria to meet the clinically accepted definition for heart attack.

### **Stroke**

Stroke is defined as an acute cerebrovascular incident resulting in irreversible death of brain tissue due to intra-cranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel.

This event must result in neurological functional impairment with objective neurological abnormal signs on physical examination by a Specialist and the diagnosis must also be supported by findings on brain imaging and must be consistent with the diagnosis of a new Stroke.

### **Coronary Artery Disease**

Coronary Artery Disease is defined as coronary artery disease with at least 75% cross-sectional occlusion of one or more major coronary arteries (left, main, left anterior descending, circumflex, or right coronary artery). The Insured must be diagnosed with Coronary Artery Disease by a qualified Doctor.

### **Major Organ Failure**

Major Organ Failure is defined as the permanent irreversible failure or loss of one or more of the following organs: heart, liver, lung, pancreas, or bone marrow. A Specialist must determine that a transplant of one or a combination of the above-mentioned organs is necessary to treat organ failure in the Insured. If the Insured is too ill to undergo transplant surgery, but surgery would otherwise be recommended due to the organ failure, this would satisfy the diagnosis requirements.

### **End Stage Renal Failure (Kidney Failure)**

End Stage Renal Failure (Kidney Failure) is defined as the total and irreversible failure of both kidneys. A Specialist must confirm that either of the following is necessary: the Insured must undergo regular renal dialysis; or the Insured needs a kidney transplant.

### **Loss of Sight**

Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. Loss of Sight is a Covered Critical Illness when it is due to cataracts, glaucoma, macular degeneration, or similar disease. Loss of Sight is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. A Specialist must clinically confirm that the Insured's corrected visual acuity is 20/200 or less or the field of vision is less than 20 degrees in both eyes.

### **Loss of Speech**

Loss of Speech is defined as permanent loss of the ability to speak to the extent that the Insured is unintelligible to another person with normal hearing. Loss of Speech is a Covered Critical Illness when it is due to Guillain Barre syndrome, Huntington's disease chorea, or similar disease. Loss of Speech is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. The diagnosis of loss must be made by a Specialist.

### **Loss of Hearing**

Loss of Hearing is defined as permanent reduction of hearing in both ears to a point that the Insured is unable to hear sounds at or below 90 decibels. Loss of Hearing is a Covered Critical Illness when it is due to bacterial meningitis, Meniere's disease, or similar disease. Loss of Hearing is also a Covered Critical Illness if it is due to a congenital disorder in a covered newborn child. The diagnosis must be made by a Specialist as diagnosed by audiometric testing.

### **Paralysis**

Paralysis is defined as damage to the brain or spinal cord caused by an Illness that results in quadriplegia, paraplegia, hemiplegia, or diplegia. There must be complete and permanent loss of use of two or more limbs.

### **Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases**

Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases is defined as a definite diagnosis by a Specialist of spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease) or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be permanent functional neurological impairment with persistent muscle weakness.

### **Alzheimer's Disease**

Alzheimer's Disease is defined as dementia due to Alzheimer's Disease, where there is progressive and permanent deterioration of memory and intellectual capacity and where the Insured can be classified as Functional Assessment Staging Test (FAST) Scale Stage 6. The diagnosis of Alzheimer's disease must be confirmed by a Specialist and the diagnosis must be supported by clinically accepted standardized cognitive testing and neurological examination.

### **Parkinson's Disease**

Parkinson's Disease is defined as an unequivocal diagnosis of idiopathic Parkinson's disease. There must be resting tremor, rigidity, bradykinesia and gait disturbance compatible with the diagnosis of Parkinson's Disease as assessed by a Specialist.

### **Type II Diabetes**

Type II Diabetes is defined as a chronic condition that develops when the body becomes resistant to insulin or when the pancreas is unable to produce enough insulin. The diagnosis of Type II Diabetes must be made by a Specialist according to diagnostic criteria of the American Diabetes Association (ADA).

### **Complication of Type II Diabetes**

Complication of Type II Diabetes is defined as any of the following conditions in an individual with Type II Diabetes that are caused by Type II Diabetes or its treatment: a. Advanced chronic kidney disease; b. Diabetic eye disease; c. Peripheral arterial disease; d. Hospitalization for management of an acute metabolic complication of Type II Diabetes or its treatment; e. Peripheral neuropathy; f. Autonomic neuropathy. Type II Diabetes is a chronic condition that develops when the body becomes resistant to insulin or when the pancreas is unable to produce enough insulin. The diagnosis of a Complication of Type II Diabetes in an individual with Type II Diabetes must be made by a Specialist according to the following diagnostic criteria for the complication:

- a. Advanced chronic kidney disease that is classified as stage 3b, 4, or 5.
- b. Diabetic eye disease, as defined by the International Classification of Diabetic Retinopathy and Diabetic Macular Edema, which includes any of the following:
  - i. Nonproliferative diabetic retinopathy.
  - ii. Proliferative diabetic retinopathy.
  - iii. Center-involving diabetic macular edema.
- c. Peripheral arterial disease that is classified as either of the following:
  - i. Stage 3, 4, 5, or 6 on the Rutherford classification for chronic limb ischemia.
  - ii. Stage 2 or 3 on the Rutherford classification for acute limb ischemia
- d. Acute inpatient Hospitalization for the principal purpose of managing acute complications of Type II Diabetes or its treatment, including specifically any of the following:
  - i. Hyperglycemic.
  - ii. Hyperosmolar.
  - iii. Non-ketotic state.
  - iv. Lactic acidosis.
  - v. Hypoglycemia.
- e. Peripheral neuropathy defined by any of the following:
  - i. A score of 12 or above on the Toronto clinical scoring system (TCSS).
  - ii. A score of 19 or more on the clinical neurological examination (CNE).
  - iii. Neuropathic foot ulcer with a grade of 3 or higher in the Wagner Ulcer Classification System.
  - iv. Neuropathic osteoarthropathy (e.g., Charcot joint).
  - v. Non-traumatic lower extremity amputation.
- f. Autonomic neuropathy with a Composite Autonomic Score (CASS) of 7 or greater.

### **Health Screening Benefit**

The Health Screening Benefit will be paid once per year, per covered Insured, when one or more of the following exams, X-rays, laboratory tests are administered to during a Calendar Year. A Health Screening Benefit is payable once per covered Insured during a Calendar Year, regardless of the number of exams, X-rays, laboratory tests administered during that year.

#### 1. Tests to Screen for Cancer:

- (a) Biopsy
- (b) Bone marrow testing
- (c) Breast ultrasound
- (d) CA 125 (blood test for ovarian cancer)
- (e) CA 15-3 (blood test for breast cancer)
- (f) CEA (blood test for colon cancer)
- (g) Colonoscopy
- (h) Flexible sigmoidoscopy
- (i) Hemoccult stool specimen
- (j) Mammogram
- (k) Pap test
- (l) PSA (prostate-specific antigen tests)
- (m) Serum protein electrophoresis (blood test for myeloma)
- (n) Thermography

#### 2. Tests to screen for Heart-related Disease

- (a) Blood test for triglycerides
- (b) Chest x-ray
- (c) Serum cholesterol test to determine HDL/LDL level
- (d) Stress test on a bicycle or treadmill

#### 3. Test to screen for Organ-related Disease

- (a) Fasting blood glucose test

### **Continuation of Coverage During Temporary Absence**

Coverage may continue beyond the day it would otherwise cease under the termination provisions if the insured is absent from work due to any of the following reasons. In no event will coverage continue beyond the maximum time shown below for any temporary absence. If the insured is eligible to continue coverage for more than one reason, the periods of continuation will run concurrently. The continuation periods may not be applied consecutively. Continuation of coverage is subject to the payment of required premium.

### **Illness or Injury**

If absent from work due to illness or injury, all coverage may be continued for a period of 6 consecutive months from the date last actively at work.

### **Personal Leave of Absence**

If on a documented leave of absence, all coverage may be continued for up to 2 months following the date last actively at work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

**Family Medical Leave of Absence**

If You are on a leave of absence approved in accordance with the federal Family and Medical Leave Act of 1993 and any amendments to it (FMLA ) or a similar state law, all of Your coverage may be continued for up to 3 months following the date You were last Actively at Work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

**Military Leave of Absence**

If You are on a military leave of absence taken in accordance with the federal Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments to it (USERRA ), all of Your coverage may be continued for up to 12 weeks following the date You were last Actively at Work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

**Sabbatical**

If You are on an employer-approved sabbatical, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.

**Temporary Layoff**

If You are temporarily laid off by the Employer due to lack of work, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the layoff becomes permanent, this continuation will cease immediately.

**Temporary Production Shutdown**

If You are not at work due to a temporary production shutdown by the Employer, all of Your coverage may be continued for up to 2 months following the date You were last Actively at Work. If the production shutdown becomes permanent, this continuation will cease immediately.

**Labor Strike/Labor Dispute**

If You are not at work due to a labor strike or dispute, all of Your coverage may be continued for up to 1 month following the date You were last Actively at Work. If the labor strike or dispute ends earlier, this continuation will cease immediately.

**Post-Termination Continuation of Coverage:**

Allows coverage to continue for an unlimited period of time following termination of employment or loss of eligibility. Review the certificate of coverage to understand full details of this provision.

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

**Rates for:**

**12940000 - EMR (USA Holdings) Inc.**

**Critical Illness**

Employee Benefit Amount(s)	
Critical Illness Employee Benefit: \$10,000 or \$20,000	
Guaranteed Issue Benefit: Up To \$10,000 or \$20,000	
Dependent Benefit Amount(s)	
Spouse Benefit: 50% of the benefit amount, Child Benefit: 25% of the benefit amount	

Cost is dependent upon how much coverage is selected and the age of the insured as of the effective date. Because attained age rating applies, premiums may increase due to age changes upon the start of the next policy year.

**Monthly 4-Tier Premium Rates--Uni-Tobacco**

Employee Attained Age		\$10,000	\$20,000	Employee Attained Age		\$10,000	\$20,000
Employee Only	24 and Under	\$3.37	\$5.94	Employee + Spouse	24 and Under	\$5.28	\$8.97
	25-29	\$4.58	\$8.36		25-29	\$7.16	\$12.74
	30-34	\$6.01	\$11.23		30-34	\$9.39	\$17.19
	35-39	\$7.83	\$14.86		35-39	\$12.19	\$22.78
	40-44	\$11.06	\$21.32		40-44	\$16.97	\$32.35
	45-49	\$16.23	\$31.66		45-49	\$23.94	\$46.28
	50-54	\$23.70	\$46.61		50-54	\$33.50	\$65.42
	55-59	\$29.38	\$57.97		55-59	\$41.23	\$80.88
	60-64	\$36.90	\$73.01		60-64	\$50.94	\$100.28
	65-69	\$46.24	\$91.68		65-69	\$64.02	\$126.46
	70-74	\$59.55	\$118.31		70-74	\$80.53	\$159.47
	75-79	\$77.78	\$154.76		75-79	\$103.21	\$204.83
	80-84	\$88.17	\$175.55		80-84	\$126.77	\$251.95
85 and Over	\$89.89	\$178.99	85 and Over	\$135.23	\$268.88		
Employee Attained Age		\$10,000	\$20,000	Employee Attained Age		\$10,000	\$20,000
Employee + Child(ren)	24 and Under	\$4.23	\$7.25	Family	24 and Under	\$6.35	\$10.60
	25-29	\$5.44	\$9.68		25-29	\$8.23	\$14.37
	30-34	\$6.87	\$12.54		30-34	\$10.46	\$18.82
	35-39	\$8.69	\$16.17		35-39	\$13.25	\$24.41
	40-44	\$11.92	\$22.63		40-44	\$18.04	\$33.98
	45-49	\$17.09	\$32.97		45-49	\$25.01	\$47.92
	50-54	\$24.56	\$47.92		50-54	\$34.57	\$67.05
	55-59	\$30.24	\$59.29		55-59	\$42.30	\$82.51
	60-64	\$37.76	\$74.32		60-64	\$52.01	\$101.92
	65-69	\$47.10	\$93.00		65-69	\$65.09	\$128.09
	70-74	\$60.41	\$119.62		70-74	\$81.60	\$161.10
	75-79	\$78.64	\$156.07		75-79	\$104.28	\$206.47
	80-84	\$89.03	\$176.87		80-84	\$127.84	\$253.59
85 and Over	\$90.75	\$180.30	85 and Over	\$136.30	\$270.51		

Rates include Health Screening benefit for Employee, Spouse, and Child.

To Calculate: Weekly=Monthly cost x 12 ÷52; Bi-Weekly =Monthly cost x 12÷26; Semi-Monthly=Monthly cost x 12 ÷24

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**Policyholder: EMR (USA Holdings) Inc.**  
**Policy Issue State: NJ**  
**Critical Illness Plan**  
**Insured by Symetra Life Insurance Company**

**Exclusions**

**We will not pay benefits for any Illness, (Injury), or disease that is not specifically named or described in the Benefits section of the Policy. (Parenthesized text is N/A for policies issued in IL or NH and also for residents of NH<sup>1</sup>)(The entire 1<sup>st</sup> sentence is N/A for policies issued in SD or for residents of SD<sup>1</sup>.) Further, no benefit will be paid for a critical illness that is:**

- a. Diagnosed after the Insured's coverage terminates, except as provided under the Policy;
- b. Diagnosed more than once while covered under the Policy, except as provided under any included Recurrence Benefit;
- c. Not diagnosed by a Doctor, Specialist, or qualified medical professional as specified in the certificate;
  1. Alternate text for policies issued in TX only: Diagnosed by a Doctor or Specialist who:
    - i. Ordinarily resides in Your household.
    - ii. Is a member of Your immediate family.
    - iii. Is employed by or affiliated with Your Employer Group.
- d. Diagnosed before the Insured is covered under the Policy (N/A for policies issued in MD or for residents of MD<sup>1</sup>);
  1. (For policies issued in TX only, add: ", subject to the pre-existing condition limitation")
- e. Diagnosed during any Benefit Waiting Period (N/A for policies issued in MD, MN, NJ, and for residents of MD<sup>1</sup> or MN<sup>1</sup>);
- f. Diagnosed by a physician outside the United States or its territories:
  1. (For policies issued in TX only, add: "unless the diagnosis can be confirmed by physician licensed and practicing in the United States");
- g. (Contributed to or) caused by: another Covered Critical Illness, a complication of another critical illness, or treatment of another critical illness (for which the Insured has been paid a benefit under the Policy);
  1. (1<sup>st</sup> parenthesized section N/A for policies issued in IL or NH, and for residents of NH<sup>1</sup>)
  2. (2<sup>nd</sup> parenthesized section N/A for policies issued in CA and for CA residents covered under any policy where the majority of the group resides in CA\*<sup>1</sup>)
- h. Caused (wholly or partly, directly or indirectly) by (Parenthesized section N/A for policies issued in CA and for CA residents covered under any policy where the majority of the group resides in CA\*<sup>1</sup>) (Alternate text used for policies issued in IL: "Caused directly by"):
  1. Full-time active duty as a member of the armed forces (land, water, air) of any country or international authority;
  2. Declared or undeclared war or act of war;
    - i. (For policies issued in OK and residents of OK<sup>1</sup>, add: "when serving in the military or an auxiliary unit thereto")
    - ii. (For policies issued in NC and NC<sup>1</sup> residents, add: "NOTE: undeclared war does not include acts of terrorism.")
  3. Committing or attempting to commit (an assault or) felony. (N/A for policies issued in ID, MD, MI, MN, NV, NH and for residents of ID<sup>1</sup>, MD<sup>1</sup>, MN<sup>1</sup>, and NH<sup>1</sup>);
    - i. ("an assault or" is N/A for policies issued in SD and for residents of SD<sup>1</sup>,
    - ii. Alternate text for policies issued in:

<sup>1</sup> Regardless of where the policy is issued.

<sup>2</sup> These benefits can be selected by the group to either cover the condition only if it's due to an illness, or it may be included to also cover the condition when due to an accident or injury (where allowed by law). see your plan's enrollment materials for plan details.

\*Check with your employer if you want more information about the number of employees in certain states.

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.

**Policyholder: EMR (USA Holdings) Inc.**

**Policy Issue State: NJ**

**Critical Illness Plan**

**Insured by Symetra Life Insurance Company**

- A. CA and for CA residents covered under any policy where the majority of the group resides in CA\*<sup>1</sup>: “Committing or attempting to commit felony or illegal occupation.”
  - B. MN and MN residents only: “Engaging in any activity for which the insured was convicted of a felony.”
  - C. NV only: “Committing or attempting to commit an assault or felony for which the Insured has been found guilty in a court of law. (This exclusion does not apply if You are the victim of domestic violence)”;
4. Inciting or taking part in any form of public violence (N/A for policies issued in MD or NH, or for residents of MD<sup>1</sup> or NH<sup>1</sup>);
- i. Alternate text for policies issued in:
    - A. NV only: Inciting or taking part in any form of public violence for which the Insured has been found guilty in a court of law.
    - B. MI only: “Inciting, committing, attempting to commit, or taking part in any form of willful criminal activity that rises to the level of misdemeanor or felony.”
    - C. ID or residents of ID<sup>1</sup> only: “Voluntary participation in a felony”
  - ii. NH or residents of NH<sup>1</sup> only: “Voluntary participation in a felony, riot, or insurrection.”
5. Intentionally self-inflicted Injury (N/A for policies issued in IL & MI);
- i. Alternate text for policies issued in CA or for CA residents covered under any policy where the majority of the group resides in CA\*<sup>1</sup>, add: “including a suicide while sane”.
6. Being intoxicated or under the influence of alcohol, illegal drugs or any narcotic (including overdose) unless as prescribed by or administered by a physician (N/A for policies issued in CA, CO, ID, MD, MN, NH, NJ, OR, SD, VT, or for residents of ID<sup>1</sup>, MD<sup>1</sup>, MN<sup>1</sup>, NH<sup>1</sup>, SD<sup>1</sup> or VT<sup>1</sup>, and for policies issued in CA or for CA residents covered under any policy where the majority of the group resides in CA\*<sup>1</sup>);
- i. For policies issued in NC and VA, the word “illegal” is omitted.
  - ii. For policies issued in AR and IL, and for residents or AR<sup>1</sup>, Intoxicated means that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred.
  - iii. Alternate text for policies issued in:
    - A. NJ: “Being intoxicated or under the influence of any narcotic (including overdose) unless as prescribed by or administered by a physician”
    - B. CO: “Being intoxicated or under the influence of alcohol, or use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now and hereafter amended, illegal drugs or any narcotic (including overdose) unless as prescribed by or administered by a physician.”
    - C. MI: “Being intoxicated or under the influence of alcohol, illegal drugs or any narcotic (including overdose) during the insured’s commission or attempt to commit a felony or being involved in an illegal occupation.”

<sup>1</sup> Regardless of where the policy is issued.

<sup>2</sup> These benefits can be selected by the group to either cover the condition only if it’s due to an illness, or it may be included to also cover the condition when due to an accident or injury (where allowed by law). see your plan’s enrollment materials for plan details.

\*Check with your employer if you want more information about the number of employees in certain states.

This document is intended as a summary of information on exclusions and state-required plan variations. For complete details, please see the certificate of coverage that will be provided for those who enroll. If there is a discrepancy between this summary and the terms of the policy, the policy will govern.

**Policyholder: EMR (USA Holdings) Inc.**

**Policy Issue State: NJ**

**Critical Illness Plan**

**Insured by Symetra Life Insurance Company**

- D. CA or for CA residents covered under any policy where the majority of the group resides in CA\*<sup>1</sup>: “The Insured being intoxicated or under the influence of alcohol, illegal drugs or any narcotic (including overdose) controlled substance, unless as prescribed by or the controlled substance is administered on the advice of a Physician.”
  - E. MN or for residents of MN<sup>1</sup>: “When convicted of being intoxicated or under the influence of alcohol when operating a motor vehicle, illegal drugs or any narcotic (including overdose) unless as prescribed by or administered by a physician.”
  - F. NH and for residents of NH<sup>1</sup>: “Voluntary consumption of unprescribed drugs”
7. Alcoholism or drug addiction. (N/A for policies issued in CA, MD, NH, NJ, OR, SD, VT, or for residents of MD<sup>1</sup>, NH<sup>1</sup>, SD<sup>1</sup> or VT<sup>1</sup>, and for CA residents covered under any policy where the majority of the group resides in CA\*<sup>1</sup>.)

### **State-Specific Plan Variations**

**If the benefits below are included in your plan, the following state requirements may apply, depending on the state where you live or the policy issue state (as shown above). Apart from any state requirements, please see your plan’s enrollment material to determine if these benefits are available.**

**Invasive Cancer** benefits will not be paid for pre-malignant tumors or polyps, Non-Melanoma Skin Cancer, or Minor Cancer (In Situ), except breast cancer, which we consider as an Invasive Cancer diagnosis. This benefit is always included for policies issued in IA, MO, MT, and WA, and for residents of MT<sup>1</sup> and WA<sup>1</sup>. For policies issued in NY and for NY residents covered under any policy where the majority of the group resides in NY\*<sup>1</sup>, if Invasive Cancer is included in the plan, then Minor Cancer (In Situ) and Non-Melanoma Skin Cancer are both also always included.

**Minor Cancer (In Situ)** benefits will not be paid for skin cancer other than invasive malignant melanoma of the dermis or deeper or skin malignancies that have become metastatic, pre-malignant lesions (such as intraepithelial neoplasia), Non-Melanoma Skin Cancer, Invasive Cancer, or benign tumors or polyps. For policies issued in NY and for NY residents covered under any policy where the majority of the group resides in NY\*<sup>1</sup>, if Minor Cancer (In Situ) is included in the plan, then Invasive Cancer and Non-Melanoma Skin Cancer are both also always included.

**Non-Invasive Cancer** (Available for policies issued in CA or for CA residents covered under any policy where the majority of the group resides in CA\*<sup>1</sup>) benefits will not be paid for any Non-Melanoma Skin Cancer, any Invasive Cancer, pre-malignant lesions (such as intraepithelial neoplasia), any all tumors which are histologically described as benign, non-malignant, premalignant, borderline, low malignant potential, dysplasia (all grades) or intraepithelial neoplasia, benign tumors or polyps, or pre-malignant tumors or polyps.

**Non-Melanoma Skin Cancer** benefits will not be paid for tumors which are histologically described as benign, non-malignant, pre-malignant, borderline, low malignant potential, dysplasia (all grades) or intraepithelial neoplasia, or Melanoma skin cancer. This benefit is not available for policies issued in NJ. For policies issued in NY and for NY residents covered under any policy where the majority of the group resides in NY\*<sup>1</sup>, if Non-Melanoma Skin Cancer Minor Cancer (In Situ) is included in the plan, then Invasive Cancer and Minor Cancer (In Situ) are both also always included.

<sup>1</sup> Regardless of where the policy is issued.

<sup>2</sup> These benefits can be selected by the group to either cover the condition only if it’s due to an illness, or it may be included to also cover the condition when due to an accident or injury (where allowed by law). see your plan’s enrollment materials for plan details.

\*Check with your employer if you want more information about the number of employees in certain states.

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**Policyholder: EMR (USA Holdings) Inc.**

**Policy Issue State: NJ**

**Critical Illness Plan**

**Insured by Symetra Life Insurance Company**

**Heart Attack** benefits will not be paid for established or old heart attack found on imaging or electrocardiogram, Sudden Cardiac Arrest, Angina, Cardiomyopathy, Myocarditis, or other forms of acute coronary syndromes. This benefit is always included for policies issued in NH and for residents of NH<sup>1</sup>.

**Sudden Cardiac Arrest** benefits will not be paid for the same event for which a Heart Attack Critical Illness benefit is payable. This benefit is not available for policies issued in NY or NJ.

**Coronary Artery Disease Needing Surgery or Angioplasty** benefits will not be paid for coronary artery conditions that are treatable by non-surgical intervention procedures including, but not limited to, diagnostic coronary angiography. This benefit is not available for policies issued in ID or NJ or for residents of ID<sup>1</sup>.

**Severe Coronary Artery Disease** (For policies issued in ID and NJ, and for residents of ID<sup>1</sup> only,) benefits will not be paid for coronary artery disease with at least 75% cross-sectional occlusion of one or more major coronary arteries (left, main, left anterior descending, circumflex, or right coronary artery).

**Stroke** benefits will not be paid for Transient Ischemic Attacks (TIA), brain damage due to an Accident, Injury or hypoxia, vascular disease affecting the eye, optic nerve, or vestibular functions, or asymptomatic silent stroke found on imaging.

**Transient Ischemic Attack (TIA)** benefits are payable once per Insured per lifetime. This benefit is not available for policies issued in NY, NJ or WA.

**Major Organ Failure** benefits will not be paid for transplant of any other organs other than heart, liver, lung, or pancreas, unless specifically named in the certificate. Parts of organs, tissues or cells is not included in this definition. If an Insured is diagnosed with the need for multiple organ transplants, only one benefit will be paid. For policies issued in:

- a. ID and NJ and residents of ID<sup>1</sup> and NJ<sup>1</sup>, Major Organ Failure also covers stem cell/ bone marrow transplant.
- b. NY and when the majority of the group resides in NY<sup>1</sup>, Major Organ Failure also covers kidney/renal and bone marrow transplant.

**End Stage Renal Disease** benefits will not be paid for acute reversible kidney failure that only needs temporary renal dialysis. This benefit is not available for policies issued in NY or NJ.

**Loss of Sight**<sup>2</sup> benefits will not be paid if the blindness is correctable by aides or surgical procedures or for loss of sight caused by a Childhood Condition for which a benefit was paid in the last 12 months. This benefit is not available for policies issued in ID, NY, NJ, or WA. For policies issued in MI and NH, this condition is only covered if the loss of sight is due to an illness.

**Loss of Speech**<sup>2</sup> benefits will not be paid for Loss of Speech resulting from Stroke or Invasive Cancer, all psychiatric causes, or Loss of speech caused by a Childhood Condition for which a benefit was paid in the last 12 months. This benefit is not available for policies issued in ID, NY, NJ, or WA. For policies issued in MI and NH, this condition is only covered if the loss of speech is due to an illness.

**Loss of Hearing**<sup>2</sup> benefits will not be paid for hearing loss that is correctable with aids or surgery or for hearing loss caused by a Childhood Condition for which a benefit was paid in the last 12 months. This benefit is not available for policies issued in ID, NY, NJ or WA. For policies issued in MI and NH, this condition is only covered if the loss of hearing is due to an illness.

<sup>1</sup> Regardless of where the policy is issued.

<sup>2</sup> These benefits can be selected by the group to either cover the condition only if it's due to an illness, or it may be included to also cover the condition when due to an accident or injury (where allowed by law). see your plan's enrollment materials for plan details.

\*Check with your employer if you want more information about the number of employees in certain states.

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**Policyholder: EMR (USA Holdings) Inc.**

**Policy Issue State: NJ**

**Critical Illness Plan**

**Insured by Symetra Life Insurance Company**

**Paralysis<sup>2</sup>** benefits will not be paid for paralysis resulting from an accident or injury for policies issued in NJ. The Paralysis benefit is not available for policies issued in ID, NY, NJ, or WA. For policies issued in MI and NH, this condition is only covered if the paralysis is due to an illness.

**Severe Burns** benefits will not be paid when the degree of burn damage is classified as first-degree or second-degree. This benefit is not available for policies issued in ID, NY, NJ, or WA.

**Amyotrophic Lateral Sclerosis (ALS)** and other Motor Neuron Diseases: For policies issued in NY only Amyotrophic Lateral Sclerosis (ALS) is covered. Benefits will not be paid for other motor neuron diseases for policies issued in NY.

**Alzheimer's Disease and/or Dementia** benefits will not be paid for other causes of dementia, such as Psychiatric illnesses, Alcohol or other drug related brain damage, Stroke and vascular dementia, Parkinson's disease, Huntington's disease, or Coma. Dementia benefits are not available for policies issued in NY. For policies issued in MD, the exclusion regarding Alzheimer's and/or Dementia caused by alcohol and drug-related brain damage does not apply. In MI, benefits will also not be paid if the Alzheimer's and/or Dementia is caused by an accident or injury.

**Coma<sup>2</sup>** benefits will not be paid for coma resulting from an Accident or Injury for policies issued in MI & NH. The Coma benefit is not available for policies issued in ID, NY, NJ or WA. For policies issued in MI and NH this condition is only covered if the coma is due to an illness.

**Parkinson's Disease** benefits will not be paid for drug-induced or toxic causes of Parkinsonism. This benefit is not available for policies issued in NY or NJ.

**Multiple Sclerosis** benefits will not be paid for policies issued in NJ or NY, as this benefit is not available for sale in these two states.

**Occupational HIV** benefits will not be paid for HIV acquired via sexual transmission, via intravenous (IV) drug use, or via means determined not to be an accident. This benefit is not available for policies issued in CA, NH, NJ or NY. For policies issued in MD or for residents of MD<sup>1</sup>, the exclusion regarding HIV acquired via intravenous (IV) drug use does not apply. For policies issued in MI, this exclusion is modified to reflect the word "accident" is replaced by "work-related exposure".

**Stem Cell (Bone Marrow) Transplant** benefits will not be paid for transplant of any other organs, parts of organs, tissues or cells not named in the certificate.

- a. This benefit is not available for policies issued in NJ or in NY. However, for policies issued in NY, or when the majority of the employees reside in NY\*<sup>1</sup>, the Major Organ Failure benefit includes kidney/ renal failure and bone marrow failure.
- b. This benefit is not available for policies sold in NJ or ID, or for ID residents, however, Stem Cell/ Bone Marrow transplant benefits are included within the Major Organ Failure benefit for policies sold in NJ or ID, and or for ID<sup>1</sup> residents.

## **State-Specific Benefit Disclosures**

**If the benefits below are included in your plan, the following state requirements may apply, depending on the state where you live or the policy issue state (as shown above). Apart from any state requirements, please see your plan's enrollment material to determine if these benefits are available.**

<sup>1</sup> Regardless of where the policy is issued.

<sup>2</sup> These benefits can be selected by the group to either cover the condition only if it's due to an illness, or it may be included to also cover the condition when due to an accident or injury (where allowed by law). see your plan's enrollment materials for plan details.

\*Check with your employer if you want more information about the number of employees in certain states.

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**Policyholder: EMR (USA Holdings) Inc.**

**Policy Issue State: NJ**

**Critical Illness Plan**

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**Portability**

Not available for policies issued in CO, ID, KY, LA, MI, MN, NH, NV, OR, UT, VT, WA or WV, or for residents of ID<sup>1</sup>, LA<sup>1</sup>, MN<sup>1</sup>, NH<sup>1</sup>, VT<sup>1</sup>, WA<sup>1</sup> or WV<sup>1</sup>. Portability is always included for policies issued in CT or when the majority of the group resides in CT\*<sup>1</sup>.

**Health Screening Benefit**

Not available for policies issued in CO, MI or MT. The Health Screening Benefit is always included for policies issued in NE.

**The Policy is a critical illness insurance policy. It provides a fixed-payment benefit for the critical illness conditions specified in the Policy. It does not pay benefits for any other loss caused by Illness or Injury.**

<sup>1</sup> Regardless of where the policy is issued.

<sup>2</sup> These benefits can be selected by the group to either cover the condition only if it's due to an illness, or it may be included to also cover the condition when due to an accident or injury (where allowed by law). see your plan's enrollment materials for plan details.

\*Check with your employer if you want more information about the number of employees in certain states.

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