

"NAMED ONE OF THE
MOST INNOVATIVE
PRODUCTS OF 2015."^{*}

Taking the lead in Critical Illness insurance!

When Trustmark set out to create a new Critical Illness (CI) product, we hired a market research firm to help us find out what consumers desired. The design for Critical LifeEventsSM is based on their feedback as well as some startling results uncovered by additional research.

What do people want?

Through focus groups and surveys, we uncovered the personal experience with critical illness, from two perspectives – from patients with critical illness and from those who cared for them. Each of them has different needs.

One-third of CI claims currently get denied!

A lot has changed since CI insurance was introduced 30 years ago. Yet CI policies have remained conventional, and many claims go unpaid because coverage doesn't match advances in diagnostics, treatment and prevention. And what's covered under a policy often doesn't match consumers' expectations.

No more guessing!

Critical LifeEvents removes the guesswork when it comes to finding coverage that resonates with employees' needs. Critical LifeEvents is so groundbreaking the spreadsheet comparison is obsolete. Critical LifeEvents stands alone as the new market touchstone.

Critical LifeEventsSM is first in the market on so many levels –



Benefit payout replenishes annually.



NO reoccurrence limitations or separation periods.



Benefits are payable for:

- early identification/early stage diagnosis
- later stages as a disease progresses even after a payout for early stage
- more preventive coverage with multiple payouts, and access to a health advisor and health portal
- inability to perform 2 or more activities of daily living, without specifying a particular illness
- complications from diabetes and central nervous conditions
- when the policyholder cares for an eligible family member



Access to medical experts through Best Doctors[®] for a policyholder or family member for whom they are caregiver, as well as for covered members.



Automatic premium waiver after a benefit is received for a critical illness, without requiring total disability.

Plus

No reduction in benefits, no raise in premium due to age.

Plus

Benefits are guaranteed renewable.

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Base policy covers top **three conditions** resulting in 90% of claims incurred

Ninety percent of current claims are for **cancer, heart attack and stroke**¹. Critical LifeEvents changes what triggers a benefit for these conditions to pay benefits for even the early signs and indicators of covered illnesses.

- The employee selects an annual benefit amount.
- That amount is then available each and every calendar year when there's a new diagnosis of a covered critical illness.
- Payment is **100%, 50%, or 10%** of the selected benefit amount, depending on diagnosis received.
- Total benefits payable are subject to the annual benefit amount remaining for the calendar year in which the diagnosis occurs, and payouts reduce the amount available for other covered conditions for the year.
- There is no lifetime maximum on number of payouts or reduction for recurring events.



Heart/Stroke Only – A base policy option allows you to carve out cancer coverage to offer only coronary artery disease/cerebral vascular disease coverage to supplement an employer's existing cancer policy. All riders are available when this option is selected.

¹ U.S. Critical Illness Insurance Market Survey, 2013/2014 Results, conducted by Gen Re, A Berkshire Hathaway Company

Benefit Well Refills Annually



100% benefit available each and every year for any covered illness.



Early identification — 10% benefit paid, benefit well is 90% full.



Early stage diagnosis — 50% benefit paid, benefit well is 40% full.



Benefit well is restored. 100% benefit is again available.

- Date of diagnosis determines availability of funds.
Note: When cancer is diagnosed – a new diagnosis of cancer in a new location or new stage is considered a NEW EVENT if the secondary cancer is not a natural, direct, consequence of the previous cancer, or if the individual has completed all recommended treatment and has no evidence of active disease.
- No separation periods between illness.
- No limit on number of times an illness will be paid.
- No maximum number of illnesses per year.
- No difference in payment for second diagnosis.
- If a reconfirmation diagnosis determines the event qualifies for a higher benefit level, the first diagnosis date applies to that event. The benefit amount due will be reduced by any previously paid benefit for that event and cannot exceed the maximum benefit for that event.

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Continuum of Care

Critical LifeEvents provides CI benefits across the lifetime of the policyholder – something no other product on the market can do. **Riders round out coverage in ways never seen before in the market.** Riders are optional at the employer level, and built-in at the employee level, except for EZ Value, which is optional at the employee level.

Specified Illness rider expands list of covered illnesses

- Tiered benefits for additional illnesses. Each illness is eligible for a benefit once per covered person per lifetime, no separation period required between illnesses.
- Depending on the diagnosis, benefit payment may be 100%, 50% or 10% of the selected benefit amount, subject to the annual maximum available for the calendar year in which the diagnosis occurs.

10% benefit

- Complications of diabetes – hospitalization for hyperglycemia, dehydration
- Stem cell/bone marrow transplant

50% benefit

- Central nervous condition¹
 - Lupus
 - Sarcoid
 - Central nervous infection of the brain

100% benefit

- Permanent blindness
- Complications of diabetes – lower limb amputation
- Irreversible loss of hearing²
- Occupational HIV
- Paralysis due to sickness
- Renal failure
- Organ failure – liver, lungs, pancreas, heart

¹Neurological impairment was not previously present and has persisted for 30 days or longer. ²Person must be 3 years or older at diagnosis, benefit not payable if device or surgery could restore hearing.

Healthy Living rider annual screenings and preventive services, with additional wellness options

- **Routine Services benefit:** \$50, \$75 or \$100
- **Follow-up Diagnostic Test benefit:** \$50, \$75 or \$100 benefit to further test for cancer, coronary artery disease or cerebral vascular disease
- **Optional Biometric Screenings benefit:** \$25
- **Optional Genetic Cancer Test Benefit:** \$250 benefit due to high risk of, or diagnosis of, cancer. If the genetic test indicates a marker for the illness is present, an additional \$250 is payable for additional counseling.
- **Optional Healthy Advantage program powered by HealthFitness:** may be added when all four Healthy Living rider benefits are included – provides access to one-on-one advisor counseling and web-based health assessment tools

Additional Sickness rider non-specified sickness, 2 standard activities

- Payable if insured cannot perform two activities of daily living (ADLs) due to sickness for 90 continuous days
- One-time benefit is paid in addition to annual maximum

Caregiver rider when the insured is giving care to an eligible family member

- \$500 or \$1,000 benefit when the insured provides home healthcare, homemaking assistance or transportation to medical services to an eligible family member three days per week for at least two weeks.
- Eligible family members include a spouse, child (biological, adopted or step-), parent, step-parent, sibling or step-sibling who has cancer, coronary artery disease or cerebral vascular disease diagnosed after the effective date of coverage.
- Best Doctors[®] services may be added at the employer's option to extend consulting services to eligible family members when Caregiver benefits are being paid.

Waiver of Premium riders

- For Critical Illness – Waives premium payments for all covered persons for 6 months when one is diagnosed with a covered Critical Illness paid at the 100% or 50% benefit level, once per calendar year.
- For Disability – Waives premium payments if the employee is totally disabled for 6 months before age 70.

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Medical Review services provided by Best Doctors®

- Help with understanding a diagnosis, obtaining a second opinion or reviewing treatment options

Benefit Growth provided by EZ Value

EZ Value automatically increases coverage to keep pace with increasing needs – without additional underwriting after policy issue. Increases apply to all family members.

- Guaranteed increases to benefit on each of the first five policy anniversaries.
- Increases are equal to the amount of protection purchased by an additional \$1 per week.

Family Coverage

Full range of family benefit options available.

- Employee benefit - \$10,000 to \$100,000*
- Spouse benefit – 100%, 50% or 25% of employee benefit*
- Children benefit – 100%, 50% or 10%*

*Additional options available upon request.

Underwriting Focus: Issue Coverage

- Guaranteed Issue (GI)
- Modified Guaranteed Issue (MGI)

EZ Value Benefit Growth

Example: Guaranteed benefit increases with \$1 increase in weekly premium per year for 5 years.



Actual values will vary by age, tobacco use and benefits selected.

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