



Trustmark Critical HealthEvents® insurance

A new perspective: providing a lifetime of benefits.

Critical illness insurance is designed based on a simple principle: protect policyholders in times of need. We took a step back when designing Critical HealthEvents and determined that the best way to provide that protection for our policyholders was by creating a policy that offers a proactive and lifelong approach to their well-being and focuses protection where it is needed most.

Firsts in the market

- 1st Covers the three most-experienced conditions – cancer, heart attack and stroke – in new and better ways
- 1st Benefits payable for both early identification/early diagnosis and later-stage diagnosis
- 1st Benefit payout replenishes annually
- 1st No reoccurrence limitations or separation periods
- 1st Automatically waives premiums when diagnosed with a critical illness (after a benefit is received).

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

Unique plan design



Covering stages of critical illness

Benefits are payable for early identification as well as for later-stage diagnosis. Not only does this mean our policyholders may receive benefits for conditions that fall short of full-blown critical illness, but it also promotes a proactive approach to treating critical illness before a condition progresses.



Replenishing benefit with no lifetime max

Benefit amounts replenish each calendar year to the full annual maximum. Policyholders have the comfort of knowing that they can continue receiving benefits year after year for new covered conditions – or even recurrences of conditions at a more advanced stage – for a full lifetime of benefits.



Focused on the most common conditions

At Trustmark, 94% of our critical illness claims are for cancer, heart attack and stroke. By concentrating on covering these three conditions – and their early identifications – at tiered benefit levels, we are able to offer our policyholders focused and comprehensive coverage at affordable rates.



Heart attack/stroke-only option available










A base policy option is available to allow employers to carve out cancer coverage and offer only coronary artery disease/cerebral vascular disease coverage to supplement an employer's existing cancer policy. All riders remain available when this option is selected.

Voluntary Benefits

Plan design

Three tiers of benefits

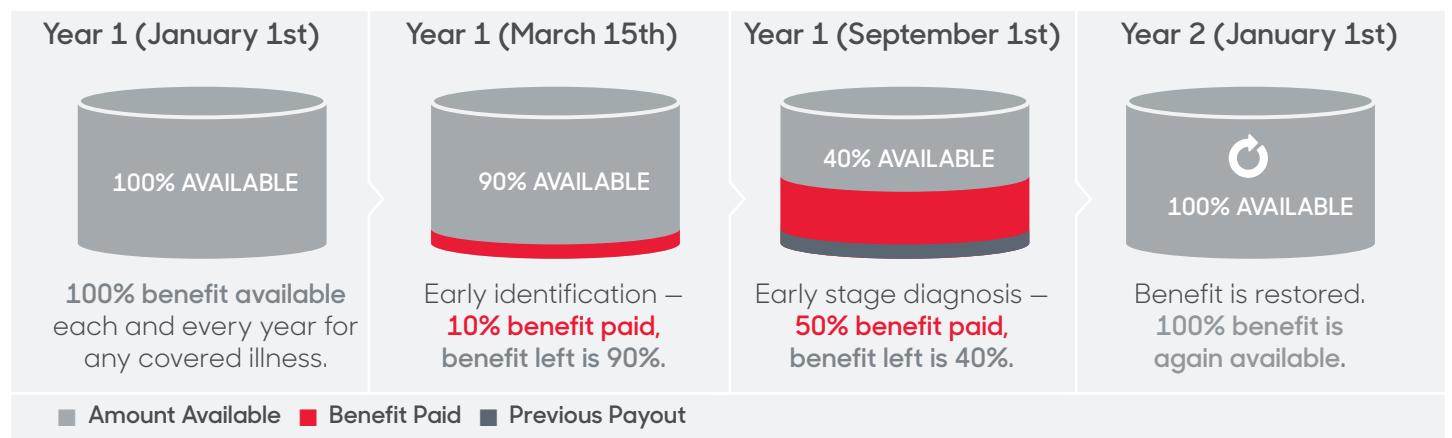
Payment for a covered illness is 100%, 50% or 10% of the selected benefit amount, depending on the diagnosis received. Total benefits payable are subject to the annual benefit amount remaining for the calendar year in which the diagnosis occurs, and payouts reduce the amount available for other covered conditions for the year.

10% benefit	50% benefit	100% benefit
 Cancer <ul style="list-style-type: none"> Invasive basal/squamous cell skin cancer In situ cancer Benign brain, spinal cord and cranial nerve tumors Myelodysplastic syndrome 	 Cancer <ul style="list-style-type: none"> Stage 1 melanoma Stage 1 or 2 cancers, no lymph node involvement 	 Cancer <ul style="list-style-type: none"> Stage 3 or higher Stage 2 involving lymph nodes Melanoma stage 2 or higher Stage 1 or higher: pancreas, liver, lung, esophagus, leukemia, biliary tract, head and neck, lymphoma, multiple myeloma
 Coronary artery disease <ul style="list-style-type: none"> initial diagnosis after assessment and recommended treatment 	 Coronary artery disease <ul style="list-style-type: none"> Coronary artery obstruction Heart attack when clinically diagnosed 	 Coronary artery disease <ul style="list-style-type: none"> Heart attack
 Cerebral vascular disease "mini-stroke" – Transient Ischemic Attack (TIA) including Reversible Ischemic Neurologic Deficit (RIND)	 Cerebral vascular disease <ul style="list-style-type: none"> Stroke with less than 30 days impairment Stroke when clinically diagnosed 	 Cerebral vascular disease <ul style="list-style-type: none"> Stroke with at least 30 days impairment

Heart/stroke only policies do not include cancer benefits. Benefits-tier design differs in New York.

Benefit well refills annually

The employee selects an annual benefit amount, which is then available each and every calendar year when there is a new diagnosis of a covered critical illness.



- 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 payments and no lifetime maximum.

- 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.

Continuum of care

Critical HealthEvents provides critical illness 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.

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.

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.

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

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.

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.

Family coverage

Full range of family benefit options available.

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

*Additional options available upon request.

Underwriting focus: issue coverage

- Guaranteed issue options available
- Age limits on GI apply for dependent coverage

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