USAble Life℠

CRITICAL ILLNESS FIELD REFERENCE MANUAL



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About USAble Life

USAble Life is an independent insurance company headquartered in Little Rock, Arkansas. Our focus is on specialty insurance programs that support our Blue Cross partners' primary business of health insurance by providing products and services that complement the health and financial security of Blue Cross members.

Contact information

Customer Service: 1-800-370-5856
Website: USAbleLife.com
Enrollment materials and forms: YourDocumentCenter.com
Correspondence address: USAble Life, P.O. Box 1650, Little Rock, AR 72203-1650

Supplemental features

USAble Life's Accident, Critical Illness, and Hospital Confinement plans offer a variety of options that can play a valuable role in an overall financial security program. This product suite is available exclusively to producers of Florida Blue and is available alongside individual health and dental products on the Sales Connect enrollment tool.

Some highlights of the suite include:

- Coverage is available to the applicant and their dependents
- Cash benefits are paid directly to the policyholder or beneficiary to use as they choose
- Policy is guaranteed renewable as long as premiums are paid
- Rates don't increase due to age (policyholder is locked into age at effective date)
- Pays in addition to other insurance the policyholder may have
- Policy includes a 30-day 'free look' period, during which the policyholder can cancel and receive a refund

Product information

Highlights

- Pays cash that can be used to help cover medical and non-medical expenses associated with a critical illness diagnosis and treatment
- Includes recurrent benefit which extends coverage to a second covered diagnosis, enabling insureds to receive benefits up to 200% of the plan's value

Plan design

COVERED CRITICAL ILLNESSES	% OF FACE AMOUNT
Cancer, Heart Attack, Stroke, End Stage Renal Disease, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Quadriplegia, or Major Organ Transplant Surgery	100%
Coronary Artery Bypass Surgery	25%
Balloon Angioplasty, Stent, Laser Relief Obstruction Procedure, or Carcinoma in Situ	10%
Recurrent Benefit Rider	Up to 200% for additional diagnosis

Coverage amounts

During enrollment, the applicant/policyholder chooses the available face amount for themselves as well as any dependent coverage amounts.

Applicant type	Face amount(s) available
Primary	$10,000 – $50,000 ($5,000 increments)
Spouse*	$10,000 or $15,000
Children*	$10,000

*Spouses or adult children can apply as a primary applicant to purchase higher amounts.

Effective dates

During the enrollment process, the applicant can choose either the 1st or the 15th of the following month as their policy effective date.

Primary and spouse eligibility requirements

1) Age 19 – 64 on effective date
2) Is not currently receiving disability benefits or does not have an application pending for disability benefits
3) Florida resident and U.S. citizen (or have been issued a permanent residency visa and have lived in the U.S. for the last six months)

Child eligibility requirements

1) Unmarried natural child, stepchild, or legally adopted child (or placed for adoption)
2) Birth – 22 years on effective date
3) Is not currently receiving disability benefits or does not have an application pending for disability benefits

Exceptions and limitations

Pre-existing conditions

Benefits will not be paid for loss caused by pre-existing conditions during the first 24 months following the effective date of the insured's coverage if the insured's loss is caused by, contributed to by, or the result of a pre-existing condition. A pre-existing condition is one for which, in the 24 months before the effective date, the insured has received a diagnosis, treatment, medicine, or services.

Benefit reduction

Primary and spouse benefits reduce by 50% on the policy anniversary following age 75.

Exclusions and limitations

This policy pays only for loss resulting from specified critical illnesses or surgeries, as defined in the policy. USAble Life will not pay benefits for a specified critical illness or surgery that occurs as a result of the following:

1) Conditions other than the specified critical illnesses or surgeries defined in the policy, unless directly caused or aggravated by said specified critical illness or surgery
2) The covered person voluntarily participating or attempting to participate in an illegal activity
3) The covered person intentionally causing a self-inflicted injury
4) The covered person committing or attempting to commit suicide, whether sane or insane
5) The covered person's voluntary involvement in any period of armed conflict, even if it is not declared
6) Surgeries performed outside of the United States or its Territories
7) Other Exclusions: USAble Life will not pay the Specified Critical Illness benefit for the following:
    a) Cerebral symptoms due to transient ischemic attack (TIA), migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions
    b) Leukemia, other than chronic lymphocytic leukemia, if there is no generalized dissemination of leukemia cells in the blood-forming bone marrow
    c) All skin cancers, unless there is evidence of metastasis or the tumor is a malignant melanoma of greater than 1.5 mm maximum thickness as determined by histological examination using the Breslow method
    d) All tumors which are histologically described as pre-malignant or non-invasive (including cervical dysplasia CIN-1, CIN-2, and CIN-3)
    e) Non-life-threatening cancers, such as prostate cancers which are histologically described as TNM Classification T1(a) or T1(b), or are of another equivalent or lesser classification
    f) Papillary micro-carcinoma of the thyroid
    g) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
    h) Chronic lymphocytic leukemia less than RAI Stage I or Binet Stage A-I

Termination

Primary: Coverage does not terminate due to age, but benefits reduce by 50% at anniversary following age 75. Termination will occur when 200% of the face value has been paid.

Spouse coverage: Spouse coverage will terminate on the next premium due following the death of the policyholder or the date of the divorce decree. In these situations, USAble Life will renew the policy with the spouse as the primary insured as long as the spouse remains eligible for coverage and makes timely premium payments.

Child coverage: Coverage for each dependent child will terminate on the next premium due following the earlier of (a) their 23rd birthday; (b) marriage; or (c) their termination of dependency upon you for support and maintenance.

Coordination of benefits

Critical Illness benefits do not coordinate with any other insurance the policyholder may have.

Underwriting

Ineligible occupations

The occupation assessment does not apply to Critical Illness.

Underwriting process

During the enrollment process, the SalesConnect tool will communicate with USAble Life's underwriting tool to assess the applicants' eligibility for coverage and provide an underwriting decision. The automated underwriting assessment reviews the applicants' responses to health questions and may include other sources of information as needed. The underwriting assessment will produce a decision in approximately 15 – 30 seconds of transaction time.

Based on the coverage requested and the health status of the applicant, the primary applicant may apply for a level of coverage that requires home office review by a medical underwriter. In this situation, an approval for a specified policy amount will have already been provided via SalesConnect, and the excess amount will be pended for Medical Underwriting review. Underwriting determination for the excess amount will be communicated to the policyholder by USAble Life.

The applicant should be advised before answering the questions to be as accurate as possible in their answers, as incorrect answers could lead to denial of a claim or rescission of coverage.

Underwriting authorization

To apply for Critical Illness insurance, the applicant must provide USAble Life with authorization to review health information to determine eligibility. This authorization is provided during the enrollment process in the form of an e-signature. Because an e-signature is required for higher levels of coverage, a spouse or adult child wanting to apply for higher levels of coverage than available to dependents should apply as a primary policyholder only (and not as a dependent).

Underwriting criteria

- Any applicant who was diagnosed or treated in the last ten years for the any of the following is <u>not eligible</u>:
  - HIV/AIDS
  - Stroke
  - Heart attack or cardiovascular disease
  - Internal cancer
  - Non-gestational diabetes
  - End-stage renal disease
  - Chronic kidney disease
  - Chronic lung disease
- Height/weight examples:
  - A person that is 4' 9" weighing 90lbs would be approved
  - A person that is 4' 9" weighing 220lbs would be denied
  - A person that is 6' 0" weighing 120lbs would be approved
  - A person that is 6' 0" weighing 300lbs would be denied
- Current USAble Life Critical Illness or Cancer policyholders are not eligible to buy new policies via SalesConnect
- Applicants who have received an underwriting decision on SalesConnect cannot modify submitted answers to underwriting questions

#	Critical Illness questions
1	Is anyone applying for coverage currently receiving or have a pending application for disability insurance benefits?
Within the last ten years, has anyone applying for coverage:	
2	Been tested or have testing scheduled to determine if cancer is present where the results are pending (excluding routine tests) or the test results indicated further treatment or evaluation is needed?
3	Been diagnosed with or treated for or are currently seeking treatment by a medical professional including surgery, radiation, or chemotherapy for leukemia, Hodgkin's Disease, lymphoma, melanoma (excluding basal cell and squamous cell skin cancer), sarcoma, myeloma, or any internal cancer?
4	Tested positive for exposure to the Human Immunodeficiency Virus (HIV) or been diagnosed by a medical professional as having AIDS Related Complex, Acquired Immunodeficiency Syndrome (AIDS), or other sickness or condition derived from HIV infection?
5	Received medical advice for or ever taken prescribed medications for any disease, disorder, or abnormality of the heart or circulatory system (which includes arteries, veins, lymphatic nodes, and vessels but excludes controlled high blood pressure)?
6	Had or been advised to have any form of heart surgery or heart-related surgery, coronary artery surgery, stent insertion, laser treatment, angioplasty, pacemaker or defibrillator installed, or arteriogram?
7	Received medical advice for or taken prescribed medications for myocardial infarction or heart attack, stroke, or transient ischemic attack (TIA)?
8	Received medical advice for or taken prescribed medications for any chronic or progressive disease or disorder of the kidneys, liver, lungs, blood, bone marrow, or pancreas (including diabetes other than gestational)?
9	Within the last five years, has anyone applying for coverage been medically treated, taken medicine for, or been diagnosed by a medical professional as having any of the following: • Diabetes (except for gestational diabetes) • Alzheimer's disease, memory loss, schizophrenia, or senile dementia • ALS (Lou Gehrig's Disease) • Systemic lupus • Multiple sclerosis • Pulmonary or Cystic fibrosis • Alcohol or drug use
10	Within the last six months, has anyone applying for coverage received medical advice or consultation or had medical tests performed (including tests performed during a routine check-up) where the results were other than normal or are still pending?
11	Within the last five years, has anyone applying for coverage been medically treated or diagnosed by a licensed member of the medical profession for skin cancer, any abnormal cancer screening tests, or any abnormal growth?

12	Has anyone applying for coverage ever been medically treated or diagnosed by a licensed member of the medical profession as having any of the following: 1) Any disease or disorder of the immune system or endocrine system 2) Any disease or disorder of the heart or circulatory system, high blood pressure, or elevated cholesterol (provide two recent readings) 3) Any disease or disorder of the respiratory system 4) Any disease or disorder of the digestive system 5) Any disease or disorder of the urinary system or reproductive organs 6) Any neurological disorder 7) Any mental or nervous disorder 8) Benign tumor
13	Is anyone to be covered currently taking prescribed medication(s)? (If yes, list the name of the person, medications & dosages, and the reason for taking the medication)

USAble Life will monitor underwriting decisions and may change the criteria that deem an applicant ineligible, but these diagnoses will remain on the ineligible list. Other criteria may apply.

Additional questions will be used to gather additional information to support medical underwriting review for higher coverage amounts.

Claims

Claim forms and correspondence

Claims forms are available through any of the channels below and are categorized by diagnosis:

- Online: YourDocumentCenter.com
- Customer Service: 1-800-370-5856

Proof of loss

Written proof of loss must be given to USAble Life within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, USAble Life will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

Payment of claims

All benefits will be paid to the policyholder. Any benefits unpaid at the policyholder's death will be paid to the designated beneficiary. If there is no named beneficiary living at the policyholder's death, USAble Life may pay any amount due to one of the following classes of survivors: (1) spouse; (2) surviving children in equal shares; (3) mother and/or father; (4) brother and/or sister; or (5) policyholder's estate. At USAble Life's option, an amount up to the maximum allowable by the state laws of the covered person's state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the covered person.

Administration

Licensing and appointment

To sell these products in the state of Florida, the producer must be appointed with USAble Life and Florida Blue. Please contact licensing@usablelife.com for appointment information.

Commissions

Florida Blue pays commissions on behalf of USAble Life. Please contact compadmin-service@bcbsfl.com for commission questions.

Taxability

Benefits may (or may not) be taxable as income to the recipients. A tax advisor should be consulted regarding tax impacts.

Billing

Binder payment (deposit): A binder payment (deposit) will be collected at the point of sale for the first modal premium. Binder payment options include credit card or bank draft. *The billing mode chosen during enrollment is applicable for the binder payment and the ongoing premium payments.* Billing mode options include monthly, quarterly, semi-annually, and annually.

Premium payments: Ongoing premium payments are paid via bank draft at a frequency chosen by the applicant during enrollment, and no billing statement will be mailed.

The billing mode chosen during enrollment is applicable for the binder payment and the ongoing premium payments.
Billing mode options include monthly, quarterly, semi-annually, and annually.

Banking information must be submitted during the enrollment process.

- Bank name
- Routing number
- Bank account number
- Name on the account

Grace period: A 31-day grace period will apply to payment of premiums, during which the policy will stay in force. After the end of the grace period, the policy is terminated.

For billing questions, contact USAble Life at 1-800-370-5856.

Policy maintenance

Increases and changes in coverage

To increase or make a change to existing coverage, the policyholder should contact USAble Life and initiate the request or download the form and submit the change.

Beneficiary changes

A beneficiary can be designated during the enrollment process on SalesConnect. To change an existing beneficiary designation, the policyholder should contact USAble Life and initiate the request or download the form and submit the change.

Replacement

Current policyholders should contact USAble Life directly to replace an existing USAble Life policy.

Rates

Critical Illness rates are based on the age of the primary/spouse and smoker status of the primary/spouse (except in cases of adult children, where smoker status is included). The child rate includes all covered children.

Upon policy purchase, rates do not increase due to age, and the policyholder is locked into the age at which they bought the policy.

Monthly rates are included below.

AGE	CRITICAL ILLNESS MONTHLY PREMIUM (NON-SMOKER)								
	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
CHILD	$2.52								
19-29	$3.40	$5.10	$6.80	$8.50	$10.20	$11.90	$13.60	$15.30	$17.00
30-39	$5.48	$8.22	$10.96	$13.70	$16.44	$19.18	$21.92	$24.66	$27.40
40-49	$9.12	$13.68	$18.24	$22.80	$27.36	$31.92	$36.48	$41.04	$45.60
50-59	$14.84	$22.26	$29.68	$37.10	$44.52	$51.94	$59.36	$66.78	$74.20
60-64	$20.12	$30.18	$40.24	$50.30	$60.36	$70.42	$80.48	$90.54	$100.60

AGE	CRITICAL ILLNESS MONTHLY PREMIUM (SMOKER)								
	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
CHILD	$2.52								
19-29	$7.12	$10.68	$14.24	$17.80	$21.36	$24.92	$28.48	$32.04	$35.60
30-39	$12.40	$18.60	$24.80	$31.00	$37.20	$43.40	$49.60	$55.80	$62.00
40-49	$26.56	$39.84	$53.12	$66.40	$79.68	$92.96	$106.24	$119.52	$132.80
50-59	$48.84	$73.26	$97.68	$122.10	$146.52	$170.94	$195.36	$219.78	$244.20
60-64	$62.16	$93.24	$124.32	$155.40	$186.48	$217.56	$248.64	$279.72	$310.80

USAble Life may change the premium rate, but only if the rate is changed for all like policies in Florida.

Policy definitions

Term	Policy definition
Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)	A progressive degeneration of anterior horn cells of the spinal cord and the cranial nerves with involvement of both upper and lower motor neurons.
Balloon Angioplasty, Stent, or Laser Relief Obstruction Procedure	Therapeutic procedures used to correct narrowing or blockage of one or more coronary arteries.
Cancer	The presence of a malignant tumor that is characterized by progressive, uncontrolled growth, spread of malignant cells, and invasion and destruction of normal and surrounding tissue. Major interventionist treatment or major surgery must be considered necessary, or palliative care must have been initiated. Cancer must be positively diagnosed with histopathological confirmation by a medical practitioner who is a consultant oncologist. The following tumors are excluded: 1) Leukemia, other than chronic lymphocytic leukemia, if there is no generalized dissemination of leukemia cells in the blood-forming bone marrow 2) All tumors which are histologically described as pre-malignant, non-invasive, or carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN-3) 3) All skin cancers, unless there is evidence of metastasis or the tumor is a malignant melanoma of greater than 1.5 mm maximum thickness as determined by histological examination using the Breslow method 4) Non-life-threatening cancers, such as prostate cancers which are histologically described as TNM Classification T1(a) or T1(b), or are of another equivalent or lesser classification 5) Papillary micro-carcinoma of the thyroid 6) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification 7) Chronic lymphocytic leukemia less than RAI Stage I or Binet Stage A-I Cancer must be diagnosed in one of two ways: *Pathological Diagnosis* A pathological diagnosis of cancer is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified pathologist whose diagnosis of malignancy is in keeping with the standards set by the American Board of Pathology.

	Clinical Diagnosis A clinical diagnosis of cancer is based on the study of symptoms. USAble Life will pay benefits for a clinical diagnosis only if: 1) A pathological diagnosis cannot be made because it is medically inappropriate or life-threatening 2) There is medical evidence to support the diagnosis 3) A physician is treating you for cancer
Carcinoma in situ	A malignant neoplasm of epithelial origin that is confined to the basement membrane. Carcinoma in situ must be diagnosed with histopathological confirmation. Pre-malignant lesions and carcinoma in situ of the skin, including melanoma in situ, are excluded.
Coronary Artery Bypass Surgery	Major surgery requiring median sternotomy (division of the breastbone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that do not require median sternotomy are not covered, including but not limited to, minimally invasive, endoscopic, and "keyhole" heart surgery; balloon and laser angioplasty; stent procedures; and atherectomy.
Date of Diagnosis	*For amyotrophic lateral sclerosis:* The date a neurologist determines that at least a 25% permanent whole person impairment exists based on an impairment evaluation performed in accordance with the then-current edition of the American Medical Association's Guide to the Evaluation of Permanent Impairment. *For cancer:* The day the tissue specimen, blood samples, and/or titer(s) are taken on which the diagnosis of cancer is based. *For heart attack:* The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition. *For stroke:* The date a stroke occurred based on documented neurological deficits and neuroimaging studies. The diagnosis must be made by a licensed neurologist and based on the criteria listed under the Stroke definition. *For end-stage renal disease:* The date that your physician recommends that you begin renal dialysis or undergo a kidney transplant. *For quadriplegia:* The date of occurrence of the permanent loss of use of all four limbs

	and includes documented evidence of the illness or injury that caused the quadriplegia. *Major organ transplant surgery, coronary artery bypass surgery, or balloon angioplasty, stent, or laser relief obstruction procedure:* The date the surgery occurs for covered transplants, covered coronary artery bypass surgery, balloon angioplasty, stent, or laser relief obstruction procedure.
Effective Date	The date shown on the Policy Schedule for all covered persons accepted for coverage at the time of issue provided the application has been accepted and approved by USAble Life, the policy has been issued and the full first premium has been paid; or the date shown by endorsement for all covered persons added to coverage after the policy has been issued. The effective date is assigned by USAble Life in accordance with our policy dating rules in effect at the time this policy is issued. The coverage provided by this policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed covered person listed on the application.
End Stage Renal Disease (ESRD)	Chronic irreversible failure of both kidneys to function such that you must undergo regular (at least weekly) hemodialysis or peritoneal dialysis or kidney transplantation.
Heart Attack" or "Myocardial Infarction	Unequivocal diagnosis of the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area as evidenced by all of the following criteria: 1) Typical central chest pain suggestive of heart attack 2) Diagnostic increase of specific cardiac markers typical for heart attack 3) New ECG changes of infarction 4) Reduction in left ventricular function demonstrated by left ventricular ejection fraction of less than 40% on echocardiogram. Echocardiogram must be done at an accredited cardiac unit and be available for review
Major Organ Transplant	The human to human organ transplant from a donor to the covered person of one or more of the following organs: liver, heart, lung, pancreas, or the transplantation of bone marrow. The transplantation of any other organs, parts of organs, tissues, or cells is excluded.
Pre-existing Condition	A specified critical illness that is diagnosed or for which treatment is received within 24 months before the effective date of coverage for each covered person. "Treatment" means consultation, care, or services provided by a physician including diagnostic measures and taking prescription drugs and medicines. If the issuance of a covered person's coverage was based on the medical history disclosed on

<table>
<tr><td></td><td>the application, such conditions which were fully disclosed and not excluded or limited by USAble Life are not considered pre-existing conditions.

Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.</td></tr>
<tr><td>Quadriplegia</td><td>The complete and irreversible paralysis of both upper and lower limbs. It means loss of use, without severance of a limb, which has lasted 30 days and is expected to last for a continuous period of 12 months or more from the date of the accident causing paralysis or the date of diagnosis of the sickness causing paralysis.</td></tr>
<tr><td rowspan="5">Recurrent Benefit</td><td>Group 1</td></tr>
<tr><td>Cancer
Major Organ Transplant
Amyotrophic Lateral Sclerosis
End Stage Renal Disease
Quadriplegia</td><td>Pays an additional benefit if a covered person is diagnosed with a different Group 1 critical illness (recurrence) than one for which a payment was previously paid</td></tr>
<tr><td>Group 2</td></tr>
<tr><td>Heart Attack
Stroke</td><td>Pays an additional benefit if a covered person is diagnosed with a different Group 2 critical illness (recurrence) than one for which a payment was previously paid
Pays an additional benefit if a covered person is diagnosed a second time with a Group 2 critical illness (reoccurrence) for which a payment was previously paid, provided that treatment for such illness was not received during the 180-day period prior to the second illness</td></tr>
<tr><td colspan="2">“Treatment” means consultation, care, or services provided by a physician including diagnostic measures but do not include preventive medications or routine scheduled follow-up visits to a physician after the diagnosis of the initial critical illness.</td></tr>
</table>

	With the recurrent benefit, a covered person's coverage terminates when 200% of the face amount of the policy has been paid.
Stroke	The suffering of a stroke as a result of a cerebrovascular event. Stroke must result in permanent neurologic deficit measured three months or more after the event and result in a score of 3 or higher on the Modified Rankin Scale for stroke outcome. There must also be clear evidence on a CT, MRI, or similar appropriate imaging technique that a stroke has occurred, and either (a) infarction of brain tissue; or (b) intracranial or subarachnoid hemorrhage. Cerebral symptoms due to transient ischemic attack (TIA), migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions are excluded.