Lincoln Financial Group®

Employees of Novacore

Benefits At-A-Glance

Critical Illness Insurance

The Lincoln Critical Illness Insurance Plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for employees
- Includes access to a personal health advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

Coverage for you

Critical Illness Insurance | Employee	
Guaranteed coverage amounts	$10,000 or $20,000

Guaranteed coverage amounts

- You can choose from the coverage amount(s) above

Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance | Spouse	
Guaranteed coverage amount	$10,000 or $20,000 (up to 100% of the employee coverage amount)

Guaranteed coverage amounts

- You can choose from the coverage amount(s) for your spouse

Coverage for your dependent children

Your dependent children automatically receive 50% of your coverage amount at no extra cost.

Critical Illness Insurance | Children	
Guaranteed coverage amount	$10,000 (up to 50% of the employee coverage amount)

Guaranteed coverage amounts

- You can choose from the coverage amounts above for your dependent children

No money is due at enrollment. Your premium simply comes out of your paycheck.

Core Benefits

Covered Conditions	Benefit Percentage
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal (kidney) Failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	30%
Skin Cancer (other than melanoma	$250 per lifetime
Supplemental Conditions	
Advanced Huntington's disease	30%
Advanced COPD	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	50%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	30%
Benign brain tumor	75%
Loss of sight, hearing and/or speech	100%

Accidental Injuries Benefit	Benefit Percentage
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%

Additional Childhood Conditions	Benefit Percentage
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 Diabetes	100%

Health Assessment / Wellness Benefit	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	Level: $100

Additional Plan Benefit(s)	
Health Advocate Services	Included
Portability	Included

Note: See the policy for details and specific requirements for each of these benefit options.

Benefit Exclusions

The plan includes only covered conditions or losses that occur when the insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony; participation in a felony; committing a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; active participation in a riot, insurrection or rebellion; voluntary participation in a riot, insurrection or rebellion; participation in a riot or insurrection; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months. A Covered Condition sustained while residing outside the United States, its possessions, Canada, or Mexico for more than 12 months, unless the Covered Condition is rediagnosed/confirmed in the United States.

Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention ID: 114691.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.
Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.

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Critical Illness Insurance Premium

Here's how little you pay with group rates.

Group Rates for You

Employee | Monthly Premiums

Employee Age range (Attained Age)	$10,000	$20,000
0-29	$4.20	$8.40
30-39	$6.60	$13.20
40-49	$11.90	$23.80
50-59	$22.00	$44.00
60+	$36.30	$72.60

Group Rates for Your Spouse

Spouse | Monthly Premiums

Employee Age range (Attained Age)	$00,000	$00,000
0-29	$4.20	$8.40
30-39	$6.60	$13.20
40-49	$11.90	$23.80
50-59	$22.00	$44.00
60+	$36.30	$72.60