ATLANTIC AMERICAN
Employee Benefits

Jackson Health System
OC0000002034

Critical Cancer Plan

A lump-sum cash benefit paid directly to you upon a covered cancer diagnosis— to use however you need.

Help protect your family from the financial impact of a cancer diagnosis

Cancer remains one of the most common and financially disruptive health events facing working Americans. While your major medical plan helps cover treatment costs, employees often face significant out-of-pocket expenses, lost income, transportation costs, and financial pressure throughout recovery. The Critical Cancer Plan pays a lump-sum benefit directly to you so you can focus on what matters most.

What's Included

Base Lump-Sum Benefit — $10,000 or $20,000
Paid upon first diagnosis of Invasive Cancer, Non-Invasive Cancer, Benign Brain Tumors, or Bone Marrow/Stem Cell Transplant after the coverage effective date.

Cancer Booster Benefits — Up to Additional $15,000
Paid on top of your base benefit for catastrophic cancers (+$10,000) and gender-specific cancers (+$5,000).

Additional Benefits
Skin Cancer Benefit ($500 per person/year), Second Opinion Benefit ($1,000), and Genetic Testing Benefit ($1,000, employee only) help you take a proactive approach to your health.

How does Critical Cancer Insurance work?

- Enroll during Open Enrollment
- Coverage begins on your effective date
- File a claim at diagnosis
- Receive your lump-sum benefit

Value of Critical Cancer Insurance

- Lump-sum cash paid directly to you — no bills or receipts required
- Spouse and dependent children can be covered at **100% of your elected benefit**
- **No pre-existing condition limitation**
- Guarantee Issue — no health questions at Open Enrollment
- Use benefits for anything: medical expenses, living costs, travel, childcare
- Coverage is **portable** — take it with you if you leave or change jobs

Who Can Get Coverage?

All active employees working the required minimum hours are eligible to enroll during Open Enrollment. Coverage is also available for your **spouse and eligible dependent children** — both covered at 100% of your elected benefit. Employee coverage must be elected in order to add spouse or dependent coverage.

This plan is **Guarantee Issue** — no medical underwriting, no health history review, and no exam required. Simply enroll during Open Enrollment to get covered.

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CRITICAL CANCER PLAN SCHEDULE OF BENEFITS

BASE LUMP-SUM BENEFIT	BENEFIT AMOUNT
Covered Diagnoses — Employee's Elected Amount Paid Upon First Diagnosis	
Invasive Cancer	**$10,000 or $20,000**
Non-Invasive Cancer	**$10,000 or $20,000**
Benign Brain Tumor	**$10,000 or $20,000**
Bone Marrow or Stem Cell Transplant	**$10,000 or $20,000**
ADDITIONAL BENEFIT HIGHLIGHTS	**BENEFIT AMOUNT**
Skin Cancer Benefit	**$500 per person per year**
Second Opinion Benefit	**$1,000**
Genetic Testing Benefit (Employee Only)	**$1,000**

PLAN INFORMATION	
Available To:	Employee, Spouse, Eligible Dependents
Spouse Coverage (excl. Add'l Benefits):	100% of Employee Benefit
Dependent Coverage (excl. Add'l Benefits):	100% of Employee Benefit
ADDITIONAL PLAN DETAILS	
Pre-Existing Condition Limitation:	None
Age-Based Benefit Reduction:	None
Guarantee Issue:	Yes — at Annual Open Enrollment
Portability:	Included
Effective Date Requirement:	Initial diagnosis must occur after coverage effective date

WELLNESS BENEFIT	BENEFIT AMOUNT
Annual preventive care and wellness screening benefit	
Wellness Screening Benefit (per covered person)	$100 per year
Individual Limit	1 per year
Family Limit	6 per year

CATASTROPHIC CANCER BOOSTER	BENEFIT AMOUNT
Paid in addition to the base benefit amount	
Glioblastoma Multiforme	**+$10,000**
Invasive Lung Cancer	**+$10,000**
Invasive Pancreatic Cancer	**+$10,000**

BOOSTER PAYOUT EXAMPLE

$20,000	$10,000	$30,000
Base Lump-Sum Benefit	Catastrophic Cancer Booster	Maximum Total Benefit

GENDER-SPECIFIC CANCER BOOSTER	BENEFIT AMOUNT
Paid in addition to the base benefit amount	
Invasive Breast Cancer	**+$5,000**
Invasive Fallopian Tube Cancer	**+$5,000**
Invasive Cervical Cancer	**+$5,000**
Invasive Ovarian Cancer	**+$5,000**
Invasive Uterine Cancer	**+$5,000**
Invasive Vaginal Cancer	**+$5,000**
Invasive Vulvar Cancer	**+$5,000**
Invasive Prostate Cancer	**+$5,000**
Invasive Penile Cancer	**+$5,000**
Invasive Scrotal or Testicular Cancer	**+$5,000**

Booster benefits are paid in addition to the elected base benefit amount of $10,000 or $20,000. Booster cancer definitions are derived from policy certificate language. Spouse and dependent benefits equal 100% of the employee's elected benefit. All benefit amounts are Guarantee Issue at Annual Open Enrollment.

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BENEFIT DETAILS CRITICAL CANCER PLAN

BASE LUMP-SUM BENEFIT

Upon first diagnosis of a covered condition that occurs after your coverage effective date, Atlantic American will pay your elected lump-sum benefit — either $10,000 or $20,000 — directly to you. The payment is not reduced or offset by any other insurance benefits you may receive.

Covered base diagnoses include: **Invasive Cancer, Non-Invasive Cancer, Benign Brain Tumors, and Bone Marrow or Stem Cell Transplants.** Cancer definitions are derived from policy certificate language.

CATASTROPHIC CANCER BOOSTER (+$10,000)

If you or a covered family member is diagnosed with one of the following cancers, an additional $10,000 is paid automatically on top of the base lump-sum benefit — no separate application required:

- Glioblastoma Multiforme
- Invasive Lung Cancer
- Invasive Pancreatic Cancer

GENDER-SPECIFIC CANCER BOOSTER (+$5,000)

An additional $5,000 is paid on top of the base benefit for the following invasive cancer diagnoses:

- Breast Cancer
- Fallopian Tube Cancer
- Cervical Cancer
- Ovarian Cancer
- Uterine Cancer
- Vaginal Cancer
- Vulvar Cancer
- Prostate Cancer
- Penile Cancer
- Scrotal/Testicular Cancer

SKIN CANCER BENEFIT ($500)

Pays $500 per covered insured per plan year upon diagnosis of skin cancer. This benefit is separate from the base lump-sum benefit and may be paid once per person per year.

SECOND OPINION BENEFIT ($1,000)

Pays $1,000 to help cover the cost of obtaining a second medical opinion following a cancer diagnosis. This benefit helps ensure you have the information you need to make confident treatment decisions.

GENETIC TESTING BENEFIT ($1,000 — Employee Only)

Pays $1,000 for covered genetic testing performed to assess cancer risk (employee only). This benefit supports a proactive approach to health and early detection.

GUARANTEE ISSUE AT OPEN ENROLLMENT

All benefit amounts under this plan are **Guarantee Issue** at Annual Open Enrollment. No medical underwriting, health questions, or physical examination is required. Employees who enroll during Open Enrollment are automatically approved for coverage.

WHY ENROLL DURING OPEN ENROLLMENT?

- √ Guarantee Issue — no health questions or exams required
- √ 1 in 2 men and 1 in 3 women will be diagnosed with cancer in their lifetime*
- √ Average out-of-pocket cancer costs can exceed $10,000 annually
- √ Your health plan may not cover all expenses — this coverage fills the gap
- √ Spouse and children are covered at 100% of your benefit
- √ Portable — take your coverage with you if you change jobs
- √ No pre-existing condition limitation

*National Cancer Institute, SEER Cancer Statistics

TERMINATION OF COVERAGE

Your Critical Cancer Plan coverage will end on the earliest of: (1) the date you are no longer eligible under the group policy; (2) the date required premiums are not paid; (3) the date the group policy terminates; or (4) the date you request cancellation. Portability options may be available upon termination — contact your HR department or Atlantic American Group Customer Care for details.

EFFECTIVE DATE OF COVERAGE

Your coverage begins on the date specified by your employer's group policy. Benefits are only payable for new cancer diagnoses that occur on or after your coverage effective date. Diagnoses that occurred prior to your effective date are not covered. If you are enrolling during Open Enrollment, your coverage will begin on the plan's next renewal effective date.

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LIMITATIONS & EXCLUSIONS

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

1. Any cancer diagnosis that occurs before the insured's coverage effective date under this policy.
2. Voluntary intoxication, as defined by the law of the jurisdiction in which it occurred, or while under the influence of any narcotic, drug, or controlled substance, unless administered by or taken according to the instructions of a licensed physician or medical professional.
3. Voluntary intoxication through use of poison, gas, or fumes, whether by ingestion, injection, inhalation, or absorption.
4. Committing or attempting to commit a felony, or active participation in a riot, insurrection, or terrorist activity.
5. Intentional self-harm or attempting or committing suicide, whether sane or insane at the time.
6. An illness or condition incurred while an insured is an active member of the armed forces of any nation or authority.
7. An illness incurred while an insured is engaged in an illegal occupation or activity, or while legally incarcerated in a penal or correctional institution.
8. Cosmetic surgery or other elective procedures that are not medically necessary, except for reconstructive surgery incidental to or following surgery for cancer treatment.
9. Diagnosis or treatment received outside the United States, its territories, or Canada.
10. Treatment provided at a facility, office, or other location owned or operated by an insured or an immediate family member.
11. Any condition that does not meet the plan's definition of a covered cancer type as defined in the policy certificate and certificate of coverage.
12. Any skin cancer benefit claim that exceeds one occurrence per covered insured per plan year.

Additionally, no benefits will be paid for any cancer diagnosis that occurs prior to an insured being covered under the certificate. This is a supplemental benefit plan and is not a substitute for major medical insurance coverage. Benefits are not assignable to providers.

Critical Cancer Plan policy underwritten by Bankers Fidelity Life Insurance Company®. This is a supplemental insurance product and is not a substitute for, nor is it coordinated with, major medical or comprehensive health insurance coverage. Limitations and exclusions apply; the terms and conditions in the actual policy and certificate provisions control in the event of any discrepancy. Rates are subject to change. Refer to the specific policy and certificate for complete details. Application to determine eligibility may be required. The Policy, any optional Riders and the benefits therein are subject to availability and may vary by state. This is only a summary of products and services offered; actual offerings may vary by group size and other underwriting or legal considerations. This is a solicitation of insurance and an independent agent may contact you.

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Easy access to coverage and filing claims

MyCoverage is an easy-to-use website that allows you to view coverage and benefit information, file claims, and download forms 24/7.

MYCOVERAGE.ATLAM.COM