

Plan Highlights



Voluntary Group Critical Illness Insurance

Palm Beach County Firefighters Employee Benefits Fund

COVERAGE

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

ELIGIBILITY

All retired bargaining unit employees of Palm Beach County Fire Rescue, all retired non-bargaining unit employees of Palm Beach County Fire Rescue that are participants in the Palm Beach County Firefighters Employee Benefits Fund, all retired employees of the Professional Firefighters/Paramedics of Palm Beach County, Local 2928 IAFF, Inc, that are participants in the Palm Beach County Firefighters Employee Benefits Fund, and retired employees of the Palm Beach County Firefighters Employee Benefits Fund that are participants in the Palm Beach County Firefighters Employee Benefits Fund and retired employees of the Palm Beach County Firefighters Health Clinic LLC that are participants in the Palm Beach County Firefighters Employee Benefits Fund.

BENEFIT AMOUNT

RETIREE COVERAGE TERMINATES AT AGE 65

Retiree: \$5,000

CONTRIBUTION REQUIREMENTS

Core coverage is employer paid.

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FEATURES

DIAGNOSIS ADULT	BENEFIT
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS)	100%
Multiple Sclerosis	100%
Occupational Hepatitis	100%
Occupational HIV	100%
Paralysis	100%
Parkinson's Disease	100%
Ruptured Cerebral; Carotid or Aortic Aneurysm	100%
Severe Brain Damage	100%
Skin Cancer	5%
Stroke	100%
DIAGNOSIS CHILD	BENEFIT
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%

- ▶ Lifetime Maximum Benefit – 1,000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 3 months or later
- ▶ Recurrence Benefit (Same Illness) – 50% of benefit if diagnosed 6 months or later
- ▶ FMLA / MSLA Continuation
- ▶ Transfer of Coverage
- ▶ Wellness (Health Screening) Benefit – \$50

BENEFIT WAITING PERIOD

30 Days

PRE-EXISTING CONDITION LIMITATION

A pre-existing condition is any sickness or injury, whether specifically diagnosed or not, for which an insured received treatment, consultation, care or services, including diagnostic procedures, or for which he/she took prescription drugs or medicines, during the look back period (3 months) before the individual effective date of coverage (or the effective date of an increase in coverage). Benefits (or an increased benefit) would not be payable due to a pre-existing condition unless the Critical Illness is diagnosed after the coverage period (12 months) from the insured's effective date of coverage (or effective date of an increase).

EXCLUSIONS

A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed during the Benefit Waiting Period; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features (Recurrence).

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9537-0118, et al.