



CRITICAL ILLNESS INSURANCE PLAN

CONSIDER THESE FACTS:

- Heart disease accounts for 1 in 7 deaths in the U.S.
- About 2,300 Americans die of cardiovascular disease each day, an average of 1 death every 38 seconds.
- Cardiovascular disease, listed as the underlying cause of death, accounts for nearly 836,546 deaths in the US.

Heart Disease and Stroke Statistics, American Heart Association, 2018 Update



SPOUSE AND CHILDREN COVERAGE AVAILABLE.
COMPLETELY PORTABLE.
GUARANTEED-RENEWABLE.
2 PLAN OPTIONS AVAILABLE
H89/C88



BENEFIT	AMOUNT	PLAN 1 (H89) ADDITIONAL BENEFIT INFORMATION
SPOUSE 50%, CHILDREN 25% OF FACE AMOUNT SELECTED		
HEART ATTACK	100% of Face Amount	Heart Attack means an Acute Myocardial Infarction resulting in death of heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied: medical documentation of typical clinical symptoms, for example, central chest pain; and diagnostic increase of specific cardiac markers or elevated cardiac enzymes; and new electrocardiographic changes consistent with an Acute Myocardial Infarction; and the Critical Illness Diagnosis of an Acute Myocardial Infarction must be made by a legally licensed Physician during your lifetime and not post mortem.
CORONARY ARTERY BY-PASS GRAFTING	25% of Face Amount	Coronary Artery Bypass Grafting means major open heart surgery requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that do not require median sternotomy are excluded, including but not limited to, minimally invasive, endoscopic, and "keyhole" heart surgery; balloon and laser angioplasty; stent procedures; and atherectomy.
CORONARY ARTERY ANGIOPLASTY	10% of Face Amount	Coronary Artery Angioplasty means balloon angioplasty; laser angioplasty; angioplasty and stent placement; or atherectomy; to correct narrowing or blockage of one or more coronary arteries.
STROKE	100% of Face Amount	Stroke means death of brain tissue due to an acute cerebrovascular event. All of the following criteria for stroke must be satisfied: clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage; and clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and permanent neurologic deficit measured 30 days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome; and the Critical Illness Diagnosis must be made by a legally licensed Physician during your lifetime and not post mortem.
KIDNEY FAILURE	100% of Face Amount	Kidney Failure means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis, or renal transplant is initiated. The Critical Illness Diagnosis must be made by a legally licensed Physician during your lifetime and not post mortem.
MAJOR ORGAN TRANSPLANT	100% of Face Amount	Major Organ Transplant means human to human organ transplant from a donor to the Insured of: bone marrow (solely for treatment of cancer or bone marrow failure), or transplant of an entire kidney, liver, heart, lung, or pancreas. Transplant of any other organs, parts of organs, tissues or cells are excluded.
HEART HEALTH SCREENING	\$100 per year	Pays an indemnity benefit of \$100 per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date. • CAT Scan • Electrocardiogram • MRI (magnetic resonance imaging) • Chest X-ray • Heart Catheterization • Echocardiograms • Neuroimaging Studies • Blood tests to confirm elevated cardiac enzymes • Thallium scan • Angiograms

BENEFITS REDUCE 50% AT AGE 70

BENEFIT	AMOUNT	PLAN 2 (C88) ADDITIONAL BENEFIT INFORMATION
SPOUSE 50%, CHILDREN 25% OF FACE AMOUNT SELECTED		
INVASIVE CANCER	100% of Face Amount	Invasive Cancer means any Cancer with the exception of the following Cancers that are excluded: Chronic lymphocytic leukemia that has not progressed to at least Rai stage I; All tumors or conditions that are histologically described as nonmalignant, benign, Premalignant, noninvasive, dysplasia (all grades) or Carcinoma In Situ. All skin cancers, unless there is a metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method. Prostate cancer, unless histologically classified as Gleason score 7 or greater, or TNM classification T1bN0M0 or greater. Papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; also known as microcarcinoma of the thyroid, and, Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower. Evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.
NON-INVASIVE CANCER	10% of Face Amount	Non-Invasive Cancer means and is limited to the following: Chronic lymphocytic leukemia that has not progressed beyond Rai stage 0. Carcinoma In Situ. Early stage melanoma, which for the purposes of this Policy, means a malignant melanoma of up to 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method; Early stage prostate cancer, which for the purposes of this Policy, means a localized cancer histologically classified as Gleason score 6 or less, and TNM classification T1aN0M0; Papillary microcarcinoma of the thyroid, which for the purposes of this Policy means a papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0
CANCER HEALTH SCREENING	\$100 per year	Pays an indemnity benefit of \$100 per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date. • Mammogram • Pap Smear • Thin Prep • Colonoscopy • Biopsy • Flexible Sigmoidoscopy • Breast Ultrasound • Testicular Ultrasound • Thermography • Virtual Colonoscopy • Serum Protein Electrophoresis • Hemocult Stool Specimen (lab confirmed) • Breast MRI (magnetic resonance imaging) • CA15-3 (blood test for breast Cancer tumor) • PSA (blood test for prostate Cancer)

OPTIONAL HOSPITAL INTENSIVE CARE BENEFIT

HOSPITAL INTENSIVE CARE	YOUR CHOICE			No Lifetime Maximum	Pays for Hospital Intensive Care Unit Confinement. Pays a benefit of one-half (1/2) the amount selected per day for Confinement in a "Step Down" Hospital Intensive Care Unit. Pays Triple the amount selected per day for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train, or a school bus operated by or under the direction and supervision of school authorities. Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.
HIGHEST LEVEL	\$600	\$450	\$300		
STEP DOWN UNIT	\$300	\$225	\$150		
TRIPLE BENEFIT	\$1,800	\$1,350	\$900		

BENEFITS REDUCE 50% AT AGE 70

WHAT IS CRITICAL ILLNESS INSURANCE?

A critical illness insurance policy provides a lump-sum cash benefit to you if you're diagnosed with a critical illness. The critical illness benefit is triggered by covered serious health condition such as:

- Heart Attack
- Stroke
- Kidney Failure
- Cancer
- Major Organ Transplant
- Heart Surgeries

WHY DO I NEED CRITICAL ILLNESS INSURANCE?

Surviving a critical illness is becoming increasingly common with advances in medical technology. However, the costs of fighting these illnesses or keeping up with everyday bills can be more than most are prepared to deal with.

While you, or a covered family member, are being treated for or are recovering from a critical illness, there's a good chance that you will be facing deductibles, co-pays, and even costs for travel and lodging. The security of knowing that you'll receive a lump sum cash benefit from LICOA, upon diagnosis of a covered condition, will allow you to concentrate on your recovery, not your finances.

If you have a health plan, critical illness insurance will provide benefits in addition to your other coverage.

HOW DOES CRITICAL ILLNESS INSURANCE WORK?

You choose the amount of coverage that fits your budget; from \$5,000 to \$100,000.

Upon diagnosis with a covered illness or condition, you receive a check for the amount of coverage you purchased. You can make payments on your mortgage and medical bills, hire help for around the house, pay for day care or elder care, travel to treatments. You decide.

WHO NEEDS CRITICAL ILLNESS INSURANCE?

It's difficult to predict if and when you will suffer a critical illness, however, if you relate to one of the following descriptions, you may want to consider critical illness insurance:

- Your income precludes you from purchasing enough disability to meet your needs
- Your high-risk profession prevents qualification for traditional disability coverage
- You have a high medical deductible
- You don't have health insurance
- You're a parent
- You're a homemaker



RAND RAGUSA
504.710.8564
rand@FleurINS.com

