



Group Critical Illness Insurance

Help cover out-of-pocket expenses associated with a serious illness.

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for — things like copays, deductibles, and travel expenses. Group Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.



Nearly 20% of cancer patients

(and their loved ones) have spent **more than \$20,000** each year in total out-of-pocket costs.

40% reported having difficulties paying medical bills.¹



Cancer patients are

2^{1/2} times more likely

to declare bankruptcy.²

Help ensure your financial plans stay healthy even when you're not.

Critical Illness insurance is an affordable way to make up the difference between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to be diagnosed with a covered critical illness.

1 - The Mesothelioma Center at Asbestos.com, 2019

2 - Hutchinson Institute for Cancer Outcomes Research, 2016

An Extra Layer of Protection

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness, regardless of your treatment costs or what's covered by your medical insurance. Elect coverage in an amount of your choosing: \$10,000, \$20,000 or \$30,000.

With Critical Illness insurance, you can:

Update your coverage as needed. As your life circumstances change, increase or decrease your coverage, in accordance with the State of Nevada Public Employees' Benefits Program's plan.

Lock in your rate. For example, if you're 70 when your coverage becomes effective, you'll pay a 70-year-old's rate for as long as you have the coverage. If you increase your coverage amount at age 80, you will continue to pay a 70-year-old's rate for that increased coverage amount for so long as you have that increased coverage amount.

Pick and choose how to spend your benefit. Spend your lump-sum benefit however you want.

Protect your loved ones. Cover your spouse up to \$15,000, as long as it's not more than 50 percent of your benefit amount. If Eligible your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.

Access a Health Advocate. Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.

Receive a benefit for taking care of your health. You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.

Receive additional benefits. If you are diagnosed with a covered illness again after a treatment-free period of 12 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness at least 90 days after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.

Chances are good that a family member, friend or colleague of yours has endured a critical illness. You may have even seen that person struggle to pay the bills. Think of Critical Illness insurance as financial peace of mind, so you don't have to choose between paying for medical bills or paying for something else.

Here's how it works:

John has \$10,000 of Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks. Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover. Things like the deductible, copays, certain medications, alternative treatments and a special diet.

SAMPLE OUT-OF-POCKET EXPENSES

Medical insurance deductible.....	\$1,300
Out-of-pocket expenses over the course of six months.....	\$5,000
Alternative treatments and diets not covered by medical plan.....	\$4,500
TOTAL OUT-OF-POCKET EXPENSES.....	\$10,800
CRITICAL ILLNESS BENEFIT.....	\$10,000
OUT-OF-POCKET EXPENSES.....	\$800

Costs are hypothetical. Actual costs will vary by state, cancer type, stage at diagnosis, treatments received and personal factors.

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness that are not covered by medical insurance.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass surgery
- Carcinoma in situ (cancer that has not metastasized)

Diagnosis and recommendation must occur after your coverage becomes effective.

Affordable Group Rates

Because you'll be buying this insurance through State of Nevada Public Employees' Benefits Program, you'll have access to affordable group rates. Your rates will not increase as you grow older – meaning you'll have the same monthly payment for as long as you have your coverage.

Coverage for...	Coverage Amount...
You	Flat amount of \$10,000, \$20,000 or \$30,000
Your spouse	Flat amount of \$5,000, \$10,000, or \$15,000, as long as it's not more than 50 percent of your coverage amount
Your child(ren) through age 25	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

The monthly premiums you would pay for Critical Illness insurance benefits are below.

Retiree Monthly Issue Age Premiums						
Coverage Amount	Retiree Age					
	18-30	30-39	40-49	50-59	60-70	71-79
\$10,000	\$5.00	\$9.40	\$19.30	\$35.20	\$63.90	\$122.70
\$20,000	\$10.00	\$18.80	\$38.60	\$70.40	\$127.80	\$245.40
\$30,000	\$15.00	\$28.20	\$57.90	\$105.60	\$191.70	\$368.10

Spouse Monthly Issue Age Premiums						
Coverage Amount	Retiree Age					
	18-30	30-39	40-49	50-59	60-70	71-79
\$5,000	\$2.50	\$4.70	\$9.65	\$17.60	\$31.95	\$61.35
\$10,000	\$5.00	\$9.40	\$19.30	\$35.20	\$63.90	\$122.70
\$15,000	\$7.50	\$14.10	\$28.95	\$52.80	\$95.85	\$184.05

Important Details

Here's where you'll find the nitty-gritty details about Critical Illness Insurance.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a retiree of the Employer who is receiving any distribution of benefits from: a. Public Employees' Retirement System (PERS); b. Judges' Retirement System; c. Legislators' Retirement System; or d. The retirement program for professional employees offered by or through the Nevada System of Higher Education per NAC 287.135. 2. A retiree who is eligible to join PEBP upon retirement pursuant to NRS 287.023., a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees and retirees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

Your Effective Date

You are eligible on the date you become a Member.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 60 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during State of Nevada Public Employees' Benefits Program's annual open enrollment period.

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation

Served a 12-month treatment-free period in connection with the critical illness during which you or your dependents did not:

- Consult a physician or other licensed medical professional
- Receive medical treatment, services or advice
- Undergo diagnostic procedures, including self-administered procedures
- Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

War or any act of war

Attempted suicide or other intentionally self-inflicted injury, while sane or insane

Committing or attempting to commit an assault, felony or act of terrorism

Active participation in a violent disorder or riot

Elective surgery or other procedure which:

- Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
- Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your policyholder to terminate your coverage, you stop making premium payments, you reach age 80, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse,

you stop making premium payments for spouse insurance, your spouse reaches age 80, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

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0-758614

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).