



# Critical Illness coverage






## Financial support at a critical time

Critical Illness insurance from Nationwide® pays a lump-sum amount, providing financial support to help cover medical costs (such as deductibles or co-insurance) or other expenses that you may have, such as house payments, transportation costs, child care costs or utility bills.

The plan covers many major illnesses, including coronary heart disease, heart attack, stroke, organ transplants, end-stage renal disease and invasive cancers.

## The advantages of Critical Illness coverage:

-  Receive simple, direct payment quickly
-  Get a lump-sum amount to help with expenses
-  Enjoy greater peace of mind

# Critical Illness coverage

You must be actively at work on your effective date of insurance in order to be eligible for coverage.

BENEFITS	DETAILS
Critical Illness benefit amount	<ul style="list-style-type: none"> <li>• Associate: \$10,000 or \$20,000</li> <li>• Spouse: 50% of associate amount</li> <li>• Child(ren): 50% of associate amount</li> </ul>
Lifetime maximum	300% of benefit amount
Recurrence benefit	An additional 25% benefit amount is payable for a recurrent diagnosis, separated by 12 months, within each category. A benefit for the first diagnosis must have been paid under the plan in order to be eligible for a recurrence benefit. You must be treatment-free and diagnosis-free for 12 months from the first diagnosis.
Pre-existing condition limitation	<b>No benefits are payable due to a pre-existing condition if the date of diagnosis occurs within 12 months after the person's effective date. A pre-existing condition is any disease or physical condition for which symptoms existed, treatment or medical advice was received, medication was prescribed, or other care or services were received within 12 months prior to the person's effective date.</b>
Covered illnesses	<ul style="list-style-type: none"> <li>• Heart attack, stroke, heart transplant — 100% benefit amount</li> <li>• Major organ failure, end-stage renal failure — 100% of benefit amount</li> <li>• Invasive cancer — 100% of benefit amount</li> <li>• In situ cancer — 25% of benefit amount</li> <li>• Major coronary heart disease procedures such as bypass/artery grafts and valve replacement (100%); minor coronary heart disease procedures such as balloon angioplasty or stent — 25% of benefit amount</li> </ul>
Progressive Disease Benefit Rider	Includes coverage for advanced Alzheimer's, advanced Parkinson's, muscular dystrophy, multiple sclerosis and motor neuron disease (ALS or Lou Gehrig's disease). Coverage requirement is failure in ability to perform 2 or more activities of daily living (ADLs) (100% of benefit amount).
Additional details and exclusions	<ul style="list-style-type: none"> <li>• No benefits are payable for a critical illness that is diagnosed within the first 30 days from the effective date of your initial coverage or increase in coverage</li> <li>• Benefits terminate at the end of the year in which an associate or spouse turns age 70; age 26 for dependent children</li> <li>• If coverage terminates for an associate, coverage also terminates for any enrolled dependents</li> <li>• Additional limitations and exclusions apply; see the Certificate of Coverage for details</li> </ul>
Portability	If you (the associate) terminate employment for reasons other than retirement, you may be eligible to continue your and your covered dependents' coverage under the portability provision. To elect portability, you and your covered dependents must be under the age of 65 and have been covered under the plan for at least 12 months. You must elect the portability provision for yourself in order for your dependents to be covered. To apply for the portability provision, please contact Member Services at 1-877-717-4455.

OPTION #1 FOR EMPLOYEES (\$10K EE, \$5K SPOUSE, \$2,500 CHILD)												
RATE TABLE			Ages 18-24	Ages 25-29	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60-64	Ages 65-69
EE Biweekly Premium for \$10,000 benefit	Non-Nicotine	Male	\$0.63	\$0.77	\$1.21	\$2.08	\$3.45	\$5.67	\$8.99	\$13.58	\$20.24	\$38.11
		Female	\$0.50	\$0.65	\$0.92	\$1.45	\$2.53	\$4.25	\$6.24	\$8.53	\$12.26	\$23.56
	Nicotine	Male	\$0.99	\$1.25	\$2.10	\$3.71	\$6.34	\$10.57	\$16.97	\$25.28	\$35.81	\$66.35
		Female	\$0.80	\$1.06	\$1.61	\$2.64	\$4.85	\$8.20	\$12.00	\$16.02	\$21.66	\$41.13
Spouse Biweekly Premium per \$5,000 benefit	Non-Nicotine	Male	\$0.35	\$0.42	\$0.67	\$1.15	\$1.90	\$3.12	\$4.95	\$7.47	\$11.13	\$20.96
		Female	\$0.28	\$0.36	\$0.51	\$0.80	\$1.39	\$2.34	\$3.43	\$4.69	\$6.74	\$12.96
	Nicotine	Male	\$0.55	\$0.69	\$1.15	\$2.04	\$3.49	\$5.82	\$9.33	\$13.90	\$19.70	\$36.49
		Female	\$0.44	\$0.59	\$0.89	\$1.45	\$2.67	\$4.51	\$6.60	\$8.81	\$11.91	\$22.63
Child Biweekly Premium per \$5,000 benefit			Ages 0-25									
			\$0.14 per child									

OPTION #2 FOR EMPLOYEES (\$20K EE, \$10K SPOUSE, \$5,000 CHILD)												
RATE TABLE			Ages 18-24	Ages 25-29	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60-64	Ages 65-69
EE Biweekly Premium for \$20,000 benefit	Non-Nicotine	Male	\$1.25	\$1.53	\$2.41	\$4.16	\$6.89	\$11.34	\$17.98	\$27.15	\$40.47	\$76.22
		Female	\$1.00	\$1.29	\$1.84	\$2.90	\$5.06	\$8.49	\$12.48	\$17.05	\$24.51	\$47.12
	Nicotine	Male	\$1.98	\$2.50	\$4.19	\$7.42	\$12.67	\$21.14	\$33.93	\$50.55	\$71.62	\$132.69
		Female	\$1.60	\$2.12	\$3.22	\$5.28	\$9.70	\$16.39	\$23.99	\$32.03	\$43.31	\$82.26
Spouse Biweekly Premium per \$10,000 benefit	Non-Nicotine	Male	\$0.69	\$0.84	\$1.33	\$2.29	\$3.79	\$6.24	\$9.89	\$14.93	\$22.26	\$41.92
		Female	\$0.55	\$0.71	\$1.01	\$1.60	\$2.78	\$4.67	\$6.86	\$9.38	\$13.48	\$25.92
	Nicotine	Male	\$1.09	\$1.37	\$2.30	\$4.08	\$6.97	\$11.63	\$18.66	\$27.80	\$39.39	\$72.98
		Female	\$0.88	\$1.17	\$1.77	\$2.90	\$5.33	\$9.01	\$13.19	\$17.62	\$23.82	\$45.25
Child Biweekly Premium per \$10,000 benefit			Ages 0-25									
			\$0.27 per child									



Reduce your worry about unexpected out-of-pocket medical costs with voluntary benefits from Nationwide®. For enrollment and eligibility information, contact us at 1-877-229-5254 or visit the Voluntary Benefits website.

For questions about claims, contact us at 1-877-717-4455 or [service@nebsupport.com](mailto:service@nebsupport.com).



The information provided in this brochure is only a brief description of the plan benefits. It is not intended to constitute a policy or certificate. Please refer to your Certificate of Coverage. Limitations and exclusions apply to this coverage. The Certificate of Coverage is available at Mercer Benefits Portal (<https://www.nationwidevoluntarybenefits.com/content/mercer-consumer/vb-sites/nationwide-home.html>). The product is underwritten by Nationwide Life Insurance Company, Columbus, Ohio. Critical Illness coverage is applicable to policy form GCI AO L20 000 1119.

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