



Policyholder: Adaptic LLC

# Critical Illness Benefit Summary

Effective Date: 02/01/2020

This chart provides you a brief summary of the key Critical Illness benefits available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your Critical Illness benefits and restrictions, please refer to your booklet or contact your benefits administrator.

Eligibility			
Job Class	All Members		
Eligible Employees	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.		
Benefits Payable			
		% of Scheduled Benefit for First Occurrence	% of Scheduled Benefit for Additional Occurrences
Covered Illnesses	Cancer One	100%	100%
	Cancer Two	25%	25%
	Heart Attack	100%	100%
	Major Organ Failure	100%	100%
	Stroke	100%	100%
Multiple Payouts	<ul style="list-style-type: none"> <li>Benefits for a first occurrence of a different critical illness will be payable if incurred more than 12 months after the preceding critical illness.</li> <li>Benefits for additional occurrences of the same critical illness will be payable if incurred more than 12 months after the preceding critical illness and 12 months treatment free.</li> </ul>		
Scheduled Benefits			
	Employee Benefits	Spouse Benefits	Child Benefits
Scheduled Benefit	You may choose to purchase a benefit in increments of \$5,000	You may choose to purchase a benefit in \$2,500 increments. NOTE: Spouse coverage terminates at age 70.	\$2,500
Minimum Scheduled Benefit	\$5,000	\$2,500	Not Applicable
Maximum Scheduled Benefit	\$50,000	\$25,000 Cannot exceed 50% of your scheduled benefit	Not Applicable
Guarantee Issue	\$10,000	\$5,000	Not Applicable
	For benefit amounts above the guarantee issue, evidence of insurability is required.		
Maximum Lifetime Benefit	Two times the scheduled benefit amount.		
Additional Employee Benefits			

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Wellness	If you or your spouse have a covered wellness test performed, you may be eligible for a \$50 benefit. This benefit is payable only once per calendar year and does not count toward the critical illness maximum lifetime benefit amount.
Portability	If you cease to qualify as a member, you may be able to continue coverage for you and your covered dependents.
<b>Limitations &amp; Exclusions</b>	
Preexisting Conditions	6 months prior / 12 months insured.
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.

## Understanding Your Critical Illness Benefits

### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible employee and be considered actively at work.

You will be considered actively at work on each day of paid vacation, excused leave of absence (except medical leave), emergency leave of absence (except emergency medical leave), or each regular nonworking day, provided you are not disabled and were physically and mentally capable of performing such duties on a fulltime basis on your last regular working day.

### Are My Dependents Eligible For Coverage?

You must be enrolled for critical illness coverage before it can be offered to your dependents.

Eligible dependents include your spouse (if not also enrolled as an employee) and children, if not hospital, skilled nursing facility or home confined and provided they do not elect benefits as an employee (the term "spouse" in this material includes domestic partner).

Special eligibility requirements may exist for step, foster, adopted, legal age or other child relationships. Additional information may be necessary to determine child eligibility.

Additional eligibility requirements may apply.

### How Do I Qualify For Benefits?

To qualify for a benefit under this policy, the definition of the incurred critical illness must be satisfied.

#### ❖ Cancer One

A malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Cancer One also covers the following blood cancers: Lymphoma, leukemia and multiple myeloma.

#### ❖ Cancer Two

Means the following:

- Chronic lymphocytic leukemia that has not progressed beyond Rai stage 0;
- Carcinoma in situ, which means a malignant neoplasm limited to the epithelium and confined within the basement membrane;
- Early stage melanoma, which 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 means a localized cancer histologically classified as Gleason score 6 or less, and TNM classification T1aN0M0;
- Papillary microcarcinoma of the thyroid, which means a papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; and
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0m0.

Note: Skin cancers that lead to internal cancer that is first diagnosed as internal cancer while the contract is in force will be considered under the Cancer One definition.

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### ❖ Heart Attack

Death of heart muscle due to inadequate blood supply. All of the following criteria must be satisfied:

- typical clinical symptoms, for example central chest pain; and
- diagnostic increase of specific cardiac markers for myocardial infarction; and
- new electrocardiographic changes of infarction.

### ❖ Major Organ Failure

Irreversible end-stage failure of bone marrow, heart, kidney, liver, lung, or pancreas, and

- For kidney failure only, dialysis (either hemo or peritoneal) is initiated;
- For all organs listed above, a transplant is recommended as soon as an appropriate donor is located, and the member or dependent is either listed with the United Network of Organ Sharing (UNOS) or a suitable donor is found without a UNOS listing.

### ❖ Stroke

Death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:

- clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage;
- clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and
- permanent neurologic deficit measured thirty days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

### What Additional Benefits are Included?

Wellness Benefits	<p>If you or your dependent spouse have one of the following wellness tests or procedures performed, you may be eligible for a \$50 benefit. No benefits are payable for dependent child(ren).</p> <p>One benefit will be payable once per calendar year for either you or your dependent spouse.</p> <p>You or your dependent spouse must submit proof of the test or procedure performed. The group policy will pay a benefit regardless of the results or the cost of the test or procedure.</p> <p>The wellness benefit does not count toward the critical illness maximum lifetime benefit.</p> <p>Wellness tests or procedures covered are limited to:</p> <ul style="list-style-type: none"> <li>• Bone marrow cancer screening (serum protein electrophoresis); or</li> <li>• Breast cancer screening (CA 15-3, clinical breast exam, mammogram, MRI, ultrasound); or</li> <li>• Chest x-ray; or</li> <li>• Colorectal cancer screening (CEA, colonoscopy, fecal occult blood test, sigmoidoscopy); or</li> <li>• Completion of a smoking cessation program; or</li> <li>• Completion of a weight reduction program; or</li> </ul>
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	<ul style="list-style-type: none"> <li>Diabetes testing (fasting blood glucose test, hemoglobin A1c); or</li> <li>Electrocardiogram (ECG) – resting or stress; or</li> <li>Standard blood chemistry profile or lipid panel (cholesterol, triglycerides, HDL, LDL); or</li> <li>Ovarian cancer screening; or</li> <li>Pap Smear; or</li> <li>Prostate cancer screening (digital rectal exam, PSA blood test); or</li> <li>Skin cancer screening.</li> </ul>
Portability	You may continue benefits, without evidence of insurability, for yourself and your covered dependents until age 70 if you cease to qualify as a member. You or your spouse must be less than age 70, insured under the group policy for at least 12 consecutive months, have not incurred a critical illness and enroll within 60 days from the date you cease to qualify as a member.
Continuation of Coverage for Sickness or Injury	If you stop working because you are sick or injured, the Continuation of Coverage for Sickness or Injury may allow your critical illness coverage to be continued, with payment of premium, for up to 90 days.

### What Are The Restrictions Of My Coverage?

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Preexisting Conditions	<p>A preexisting condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which you or your dependent:</p> <ul style="list-style-type: none"> <li>received medical treatment, consultation, care or service; or</li> <li>were prescribed or took prescription medications</li> </ul> <p>in the 6 month period before you or your dependent became insured under the group policy.</p> <p>No benefits will be paid for a critical illness that results from a preexisting condition unless, on the date you or your dependent incurs the critical illness, you have been actively at work for one full day for your critical illness or your dependent has been insured for one full day for a dependent’s critical illness, after completing 12 consecutive months during which you or your dependent was insured under the group policy.</p> <p>Note: A Preexisting Condition does not include a condition revealed on the application for insurance, unless excluded by a signed waiver rider.</p> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments.</p>
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