

Critical Illness Insurance

EMPLOYEE GUIDE

Policy features and
benefits specially
prepared for Kemper



Be prepared for the unexpected

You may know someone who has been affected by a critical illness such as cancer, stroke or heart attack, and witnessed the resulting challenges. Are you prepared if a critical illness were to happen to you? Kemper Health Critical Illness insurance can help you when you need it most.

How it Works

1. Select one of the plans offered.
2. When the diagnosis of a covered critical illness occurs, the policy pays you a lump-sum benefit amount based on the policy you choose and the illness.
3. Should there be a reoccurrence of the same illness or an additional diagnosis of a different covered illness, the plan provides ongoing benefits. See the certificate for details.

Features & Extras

- Coverage is fully portable.
- Spouse covered at 50% of employee amount.
Children covered at 25% of employee amount.
- Option to select a **Benefit Enhancement Rider** that increases face amount by 10% per year for a period of ten years.
- **Cancer Medical Treatment Rider.**
- Additional \$50 Wellness Benefit.

**Cash benefits are paid directly to the insured with
no restrictions on how the funds can be used.**

Kemper Health Critical Illness insurance plan includes benefits for common critical illnesses:

- Heart attack
- Stroke
- Major Organ Transplant
- Paralysis
- End-Stage Renal Failure
- Alzheimer's Disease*
- Parkinson's Disease*
- Muscular Dystrophy*
- Coronary bypass surgery
- Major Third-Degree Burns
- Angioplasty*
- Cancer

Our plan provides a lump-sum benefit payment upon diagnosis of a covered illness, paid directly to you. This plan provides ongoing benefits should there be a reoccurrence of the same illness or an additional diagnosis of a different covered illness.

The cash benefit is paid directly to you and can be used any way you choose.

- Finding the best healthcare available—anywhere
- Hiring a nurse or caregiver to help at home
- Or whatever else you need

PRODUCT FEATURES AND BENEFITS

Covered Conditions	100% of Benefit Amount for Heart Attack, Stroke, Major Organ Transplant, End-Stage Renal Failure, Paralysis, Loss of Sight, Loss of Speech, Loss of Hearing, Coma, Major Third-Degree Burns, Occupational HIV, Cancer
Partial Benefits	25% for Alzheimer's Disease, Parkinson's Disease, Muscular Dystrophy with the loss of 3 or more ADLs; Bone Marrow Transplant, Benign Brain Tumor, Bypass Surgery, Cancer in situ 10% for Angioplasty
Benefit Amount	\$5,000 to \$20,000
Guaranteed Issue	Up to \$20,000
Wellness Benefits	\$50 wellness benefit
Additional Occurrence Benefit	No limit on number as long as at least 6 months between last diagnosis
Reoccurrence Benefit	An additional lump-sum payment for a reoccurrence of the same covered critical illness, as long as the reoccurrence is more than 365 days from the date of initial diagnosis for that covered critical illness. A "reoccurrence" must be diagnosed as a reoccurrence, rather than a continuation of the initial covered occurrence. No limit on number of reoccurrences.
Dependent Coverage	Spouse covered at 50% of employee amount Children covered at 25% of employee amount at no additional cost
Portability	Fully portable regardless if group stays in force but still subject to the normal reductions and termination age
Plan Termination	Age 75
Benefit Enhancement Rider	Without evidence of insurability, coverage increases by \$1,000 per year for 10 years or until first claim
Cancer Treatment Rider	Medication, actual charges to \$100 per month Blood and plasma: \$2,000 inpatient lifetime limit, \$300 outpatient limit Experimental treatment—actual charges to \$300 per day Radiation and chemotherapy—actual charges to \$1,000 per month

*partial benefit

Exclusions and Limitations

Exclusions

Benefits under the policy and any attached rider(s) will not be payable for any loss caused in whole or in part by, or resulting in whole or part from the following:

1. A specified health event occurring prior to the effective date of coverage for an insured person (benefits are payable 12 months after the effective date of coverage, as provided in the Pre-existing Conditions Limitations provision);
2. Suicide or attempt at suicide, or intentional self-inflicted injury or sickness;
3. Participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs;
4. Participating in any sport or sporting activity for wage, compensation or profit;
5. Commission of or attempt to commit an assault or felony;
6. Engaging in an illegal activity or occupation;
7. Declared war or any act of declared war;
8. Travel in or descent from an aircraft, except while a fare-paying passenger;
9. An experimental major human organ transplant.

Limitations

Pre-Existing Condition Limitation: During the first 12 months following the effective date of coverage for an insured person, any specified health event that occurs due to a pre-existing condition is not covered and no benefits will be payable under the policy in connection with such specified health event. This Pre-Existing Condition Limitation does not apply to the wellness benefit. Pre-Existing Condition means any sickness, injury or condition for which medical advice, diagnosis or treatment was recommended by a physician or received from a physician within the one-year period before the effective date of coverage of the insured person.

Affordable protection in an ever-changing world.

At Kemper Health, we understand the changes that affect our customers' lives and their need for affordable insurance. Our voluntary benefits play a critical role in employees' financial well-being by helping fill the gaps in major medical plans, preparing for retirement and providing financial protection from the unexpected.

kemperbenefits.com

Kemper Health is the brand name for insurance products issued by subsidiary insurance companies controlled by Kemper Corporation. Each subsidiary of Kemper Corporation is solely responsible for the insurance products it underwrites and issues.

The underwriting company for the Accident Expense, Accident Indemnity, Cancer, Critical Illness, Dental, Short Term Disability and Whole Life Insurance Products is **Reserve National Insurance Company**, which is responsible for the underwriting risks, financial and contractual obligations and support functions associated with the products it issues. The underwriting company for the Hospital Indemnity, Signature Gap, Indemnity Outpatient Prescription Drug, Limited Medical, and Vision Insurance Products is **Fidelity Security Life Insurance Company® (FSL)**. FSL is not financially affiliated with Kemper Corporation. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Product availability may vary by state. FSL is located in Kansas City, Missouri, and has been rated "A" (Excellent) based on an analysis of financial position and operating performance by A.M. Best Company, an independent analyst of the insurance industry. For the latest rating, access www.ambest.com.

Neither **Reserve National Insurance Company, FSL**, nor their agents, representatives, associates or employees render legal or tax advice. The employer should seek the expert assistance of its own legal or tax adviser.

Policy Form Series KB-MCI-1805 and KB-ECI-1805. Form numbers may vary by state.

This is only a summary of products and services offered. Actual offerings may vary by group size and other underwriting considerations and are subject to the requirements of state insurance laws and regulations, and the benefits/provisions as described may vary due to such requirements. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Please see the specific policy and certificate for details. Policies are not available in all states.

The Kemper Health voluntary insurance plans, either alone or in combination with each other, are not "minimum essential coverage" under the federal Affordable Care Act.

IMPORTANT: If an individual is insured under one or more Kemper Health voluntary insurance plans, and plans and is also covered by Medicaid or a state variation of Medicaid, most non-disability benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured individual, we must pay the benefits to Medicaid or the medical provider to reduce the charges billed to Medicaid. Proposed insureds should consider their circumstances before enrolling in Kemper Health coverage.

If you are an employer offering one or more of these insurance products to your employees, the product(s) may constitute a part of an employee benefit plan under the Employee Retirement Income Security Act of 1974 ("ERISA"). An employer offering an ERISA employee benefit plan will be responsible for a number of obligations applicable under ERISA, including, without limitation, the obligation to make required disclosures to employees and file reports with the federal government. You should consult with an experienced attorney concerning the requirements for compliance with ERISA.