



Critical Care Complete

Financial responsibility through a value added benefit



*You work hard to provide quality insurance coverage for your employees.
Your life insurance plan now works as hard as you do.*

 **Madison National
Life Insurance Company**
Independence Holding Group

Unexpected illnesses cause enough pain without the financial implications that accompany them. Few of us stop to realize that the true costs stretch beyond hospital and doctor charges.

While health insurance helps cover medical bills and disability insurance may replace some lost income, employees are still faced with illness-related out-of-pocket costs. The American Cancer Society informs us that **two-thirds of all cancer-related expenses are for indirect, non-medical costs such as travel, childcare and lodging.**¹

These expenses can have a substantial impact on an employee's financial well being. The statistics are alarming. A Harvard Study² released in 2005 reported that illness and medical bills were cited as the cause, at least in part, for **46 PERCENT OF ALL PERSONAL BANKRUPTCIES**. More disturbing still, **75 PERCENT** of those families had medical insurance at the onset of illness – and the average shortfall in all of these personal bankruptcies was only \$13,000.

Critical Care Complete from Madison National Life Insurance Company, Inc. (MNL) helps shield your employees and their families from the financial losses an unexpected illness may inflict. This critical illness coverage provides a fixed-dollar payment in the event an employee is diagnosed with one of eight critical illnesses, and the payment is made regardless of the medical bills and treatment plans, as long as diagnostic requirements are met.

As part of our group life insurance program, critical illness coverage enhances the value of your benefits package by giving employees peace of mind that they have additional financial support in times of need.

Even with the best medical plan, the employees you depend on could be left to cover high out-of-pocket costs associated with a critical illness such as:

- Health plan deductible and coinsurance
- Lost pay due to time off work for the employee and spouse
- Travel expenses to and from treatment
- Child care or elder care

If the employee visits an out-of-network provider or experimental treatment is utilized, out-of-pocket costs could be even higher.

Critical Care Complete offers a lump-sum payment of up to \$5,000 or \$10,000 upon diagnosis of a covered critical illness for employees and their dependents.*

Even your young “invincibles” probably know someone who has suffered from cancer, a heart attack or stroke. Statistics show that in America:

- 1.4 million new cancer cases are diagnosed each year;¹
- every 29 seconds someone suffers a coronary event;³ and
- every 45 seconds someone suffers a stroke.³

Your mature and financially stable employees may not recognize the need for additional income in the event of a medical crisis. It is important to know that:

- Two-thirds of all cancer related expenses are for indirect, non-medical costs such as travel, childcare and lodging.²
- In 2002, the number one reason for house foreclosures in the United States was unexpected medical expenses.⁴

1. American Cancer Society, Cancer Facts and Figures, 2008

2. Source: Health Affairs, “MarketWatch: Illness and Injury as Contributors to Bankruptcy,” 2005

3. American Heart Association, Heart and Stroke Statistics, 2007

4. National Underwriter, 2002

* For persons insured by the MNL Critical Illness Rider.

Critical Care Complete allows you to choose a \$5,000 or \$10,000 benefit for your employees paid upon diagnosis of a covered critical illness. Benefits are available at \$5,000 and \$10,000 for both employees and covered dependents.

The critical illness benefit paid is determined by the maximum benefit selected and the type of critical illness.

Covered Critical Illness**	Maximum Benefit Amount	
	\$5,000 Plan	\$10,000 Plan
Life-Threatening Cancer, more than 90 days after the effective date	\$5,000	\$10,000
Life-Threatening Cancer, within the first 90 days after the effective date	\$500	\$1,000
Cancer in Situ, more than 90 days after the effective date	\$1,250	\$2,500
Cancer in Situ, within the first 90 days after the effective date	\$125	\$250
Kidney (Renal) Failure	\$5,000	\$10,000
Heart Attack	\$5,000	\$10,000
Stroke	\$5,000	\$10,000
Coma	\$5,000	\$10,000
Major Organ Transplant	\$5,000	\$10,000
Severe Burn	\$5,000	\$10,000

Benefits are available upon diagnosis of the first occurrence of each covered critical illness. If a covered person experiences more than one occurrence of the same critical illness, the benefit will not be paid a second time. However, if a benefit has been paid for cancer in situ, the benefit available for a subsequent life-threatening cancer will be reduced by that benefit amount.

Benefits payable are subject to the following diagnostic requirements. Diagnosis must be made by a legally qualified physician through the use of clinical or laboratory findings.**

** Some provisions, benefits, exclusions or limitations may vary depending on your state of residence.



Life-Threatening Cancer**

For a cancer to be considered life threatening and a covered critical illness it must be characterized by an uncontrolled growth and spread of malignant cells and the invasion of tissue such as leukemia or lymphoma. Cancer must be diagnosed pursuant to a pathological or clinical diagnosis. Life-threatening cancer does not include pre-malignant lesions, benign tumors or polyps, skin cancer (other than invasive metastatic malignant melanoma) or early prostate cancer diagnosed as stage one.

Cancer in Situ**

A diagnosis of cancer by a physician in which the tumor cells still lie in the tissue of origin and have not invaded neighboring tissue is considered Cancer in Situ. Included in this covered critical illness is early prostate cancer diagnosis (stage one) and melanoma not invading the dermis of the skin. Cancer must be diagnosed pursuant to a pathological or clinical diagnosis. Benign tumors or polyps, pre-malignant lesions or other skin malignancies are not considered a Cancer in Situ covered critical illness.

Kidney (Renal) Failure**

End stage renal failure is considered a covered critical illness when characterized by chronic and irreversible failure of both kidneys which requires periodic and ongoing dialysis. Diagnosis must be made by a legally qualified physician board-certified in Nephrology.

Heart Attack**

A heart attack is considered a covered critical illness when it is an acute myocardial infarction resulting in the death of a portion of the heart muscle due to a blockage of one or more coronary arteries and resulting in the loss of normal heart function. Diagnosis must be made by a legally qualified physician board-certified as a Cardiologist based on new electrocardiographic changes consistent with an evolving heart attack and not an established or previous myocardial infarction.

** Some provisions, benefits, exclusions or limitations may vary depending on your state of residence.

Stroke**

Stroke includes any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or a neurological deficit, persisting for at least 96 hours and expected to be permanent. Diagnosis must be made by a legally qualified physician board-certified as a Neurologist. Transient Ischemic Attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not considered covered critical illnesses.

Coma**

For a coma to be considered a covered critical illness, the insured person must be in a state of unconsciousness from which he or she cannot be aroused and external stimulation produces no reflexes for a period of at least 96 continuous hours. Diagnosis must be made by a legally qualified physician board-certified as a Neurologist.

Major Organ Transplant**

An organ transplant is considered a covered critical illness when an organ or tissue fails and must be replaced by one from a suitable human donor. Covered transplant organs and tissues include liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. The organ recipient must be registered by the United Network of Organ Sharing or the National Marrow Donor Program.

Severe Burn**

A severe third-degree burn covering at least 20 percent of the body is considered a covered critical illness. Diagnosis must be made by a legally qualified physician board-certified as a Plastic Surgeon. Dependent children are not covered for severe burns.

Give your employees the security of knowing they have critical illness and life insurance benefits. Choose a group term life plan with **Critical Care Complete** – the extra protection your employees and their families can rely on.

The information in this brochure is an outline of the features, plan provisions, benefits and other information about the Critical Care Complete plan underwritten by Madison National Life Insurance Company, Inc., a member of the IHC Group. Plans offered may be subject to change. This brochure is not intended to serve as legal representation of the benefits, which are provided under the Critical Illness Insurance Rider (GTL-CI-R-0708). All GTL provisions under the Rider are subject to all definitions, terms and conditions, and limitations of the entire contract. The Critical Care Complete plan is not available in all states. For complete details, please refer to the Critical Illness Rider and the underlying certificate to which it is attached.



1241 John Q. Hammons Drive
Madison, WI 53717
800-356-9601 toll free
608-830-2000
608-830-2701 fax
www.madisonlife.com | www.ihcgroup.com