

Full-Time Employees at Tyto Athene, LLC

Benefits At-A-Glance

Critical Illness Insurance

The Lincoln Critical Illness Insurance plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event while insured under this plan
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for Tyto Athene, LLC employees
- Includes access to a Personal Health Advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

Coverage for you

Critical Illness Insurance Employee			
Guaranteed coverage amount	\$30,000		
Maximum coverage amount	\$30,000 (in increments of \$5,000)		
Minimum coverage amount	\$15,000		

Guaranteed Coverage Amounts

- You can choose a coverage amount up to \$30,000 without providing evidence of insurability (documentation of your health history).
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required. See the Evidence of Insurability page for details.

Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance Spouse		
Guaranteed coverage amounts	\$15,000	
Maximum coverage amount	50% of the employee coverage amount up to \$15,000 in increments of \$2,500	
Minimum coverage amount	\$7,500	

Guaranteed Coverage Amount

- You can choose a coverage amount up to \$15,000 for your spouse without providing evidence of insurability (documentation of your spouse's health history).
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required. See the Evidence of Insurability page for details.
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Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

Critical Illness Insurance | Dependent Children

Guaranteed coverage amounts

\$2,500, \$5,000, \$7,500, and \$10,000 (up to 50% of the employee coverage amount)

Guaranteed Coverage Amounts

• You can choose from the coverage amounts above for your dependent children.

Core Benefits

Core Delients			
Covered Conditions			
Heart attack	100%		
Stroke		100%	
Invasive Cancer	100%		
Renal (kidney) failure	100%		
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%		
Arterial/vascular disease	100%		
Noninvasive cancer (in situ)	25%		
Supplemental Conditions			
Advanced ALS/Lou Gehrig's disease		25%	
Advanced Alzheimer's disease		100%	
Advanced Parkinson's disease		25%	
Advanced multiple sclerosis		25%	
Health Assessment	Your Cas	sh Benefit	
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	\$50		
Additional Plan Feature(s)			
Health Advocate Services Included			
Portability Included			
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Benefit Exclusions

The plan includes only covered conditions or losses that are diagnosed while this insurance is in **force.** Benefits are not payable for any covered conditions or loss caused or contributed to by:

- 1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- 2. committing or attempting to commit a felony;
- 3. war or any act of war, declared or undeclared;
- 4. participation in a riot, insurrection or rebellion of any kind; or
- 5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months.

Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.

During the first 6 of coverage benefits will not be payable for a pre-existing condition. A "pre-existing" condition is one in which you or an insured dependent receive treatment during the 3 months prior to the effective date of coverage. Treatment means consultation, care, and services provided or prescribed by a Physician for which symptoms exist.

If you are a participant in a Critical Illness plan which this plan replaces and are diagnosed with a pre-existing condition, we will consider whether the condition was payable under the prior plan when determining if it will be payable under this plan.

A complete list of benefit exclusions is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Health advocacy services are provided by Health Advocate, Inc. (Plymouth Meeting, PA), the nation's leading healthcare advocacy company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment.

Insurance products (policy series GL501) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products (policy series GL501) are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.



Critical Illness Insurance Premium Here's how little you pay with group rates.

Group Rates for You

Employee | Monthly Premiums

Employee Age Range	\$15,000	\$20,000	\$25,000	\$30,000
17 - 24	\$7.80	\$10.40	\$13.00	\$15.60
25 - 29	\$8.25	\$11.00	\$13.75	\$16.50
30 - 34	\$10.65	\$14.20	\$17.75	\$21.30
35 - 39	\$12.30	\$16.40	\$20.50	\$24.60
40 - 44	\$14.55	\$19.40	\$24.25	\$29.10
45 - 49	\$21.75	\$29.00	\$36.25	\$43.50
50 - 54	\$32.85	\$43.80	\$54.75	\$65.70
55 - 59	\$48.00	\$64.00	\$80.00	\$96.00
60 - 64	\$66.45	\$88.60	\$110.75	\$132.90
65 - 69	\$93.30	\$124.40	\$155.50	\$186.60
70 - 99	\$135.60	\$180.80	\$226.00	\$271.20

Group Rates for Your Spouse

Spouse | Monthly Premiums

Employee Age Range	\$7,500	\$10,000	\$12,500	\$15,000
17 - 24	\$2.55	\$3.40	\$4.25	\$5.10
25- 29	\$2.63	\$3.50	\$4.38	\$5.25
30- 34	\$3.08	\$4.10	\$5.13	\$6.15
35- 39	\$3.53	\$4.70	\$5.88	\$7.05
40- 44	\$3.98	\$5.30	\$6.63	\$7.95
45- 49	\$5.18	\$6.90	\$8.63	\$10.35
50- 54	\$7.05	\$9.40	\$11.75	\$14.10
55- 59	\$9.45	\$12.60	\$15.75	\$18.90
60- 64	\$12.60	\$16.80	\$21.00	\$25.20
65- 69	\$16.88	\$22.50	\$28.13	\$33.75
70- 99	\$24.75	\$33.00	\$41.25	\$49.50

Group Rates for Your Dependent Children Dependent Children | Monthly Premiums

Age Range	\$2,500	\$5,000	\$7,500	\$10,000
0 - 26	\$0.70	\$1.40	\$2.10	\$2.80

The Lincoln National Life Insurance Company

Please see prior page for product information.