

Voluntary Critical Illness



Introducing Critical Illness

- ✓ Only available to members that participate in the Group Benefit Plan
- ✓ Members are eligible to choose either option 1 or option 2 coverage
 - Option 1 – 100% coverage of \$15,000
 - Option 2 – 100% coverage of \$30,000
- ✓ Family coverage is available at an additional cost
 - Option 1 dependants are covered for \$7,500 each
 - Option 2 dependants are covered for \$15,000 each
- ✓ No survival period
- ✓ No pre-existing condition clause: however, all Exclusions and Limitations still apply
- ✓ Medical Evidence is not required during open enrollment
- ✓ **Open Enrollment from January 3, 2025, to February 1, 2025 with a February 1, 2025 effective date**
- ✓ No benefit waiting period
- ✓ Fully portable – no age termination

Covered Illnesses

Critical Illness	Percentage of the Basic Benefit Amount
	Comprehensive
Heart Attack	100%
Stroke	100%
Major Organ Failure (Transplant or Waiting List)	100%
Kidney Failure	100%
Carcinoma In Situ	25%
Invasive Cancer	100%
Alzheimer's Disease	100%
Parkinson's Disease	100%
Amyotrophic Lateral Sclerosis (ALS) Benefit Rider	100%
Coronary Artery Bypass Surgery	100%
Multiple Sclerosis	100%
Paralysis	100%
Deafness	100%
Blindness	100%
Aortic Surgery	100%
Benign Brain Tumor	100%
Coma	100%
Severe Burns	100%
Loss of Speech	100%

If you have any questions, please contact the following:

Joe Perlinger, Advisor

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Voluntary Critical Illness



Member Paid Option 1 Comprehensive Coverage Rates

✓ Rates based on age, smoker status, sex, single and family

Monthly \$15,000 – non-tobacco					Monthly \$15,000 – tobacco				
Attained Age	Male Single	Female Single	Male Family	Female Family	Attained Age	Male Single	Female Single	Male Family	Female Family
15-19	\$1.28	\$1.12	\$1.77	\$1.61	15-19	\$1.44	\$1.28	\$2.09	\$1.93
20-24	\$1.44	\$1.77	\$2.25	\$2.41	20-24	\$1.77	\$1.93	\$2.73	\$2.89
25-29	\$1.93	\$2.73	\$3.21	\$3.69	25-29	\$2.25	\$3.05	\$3.85	\$4.17
30-34	\$2.73	\$3.85	\$4.65	\$5.14	30-34	\$3.53	\$5.14	\$6.10	\$6.90
35-39	\$3.69	\$5.46	\$6.42	\$7.38	35-39	\$5.14	\$8.19	\$9.15	\$10.75
40-44	\$5.46	\$7.38	\$9.15	\$10.11	40-44	\$8.99	\$13.48	\$15.73	\$17.98
45-49	\$8.67	\$10.11	\$13.64	\$14.45	45-49	\$17.01	\$20.38	\$27.12	\$28.73
50-54	\$13.96	\$13.64	\$20.70	\$20.54	50-54	\$31.46	\$28.89	\$45.90	\$44.62
55-59	\$25.20	\$19.90	\$35.15	\$32.58	55-59	\$60.99	\$41.57	\$81.69	\$71.90
60-64	\$39.96	\$28.57	\$54.25	\$48.63	60-64	\$94.05	\$54.25	\$121.18	\$101.28
65-69	\$65.81	\$42.53	\$87.15	\$75.44	65-69	\$155.20	\$80.57	\$195.49	\$158.09
70-74	\$86.67	\$56.66	\$115.08	\$99.99	70-74	\$204.48	\$107.21	\$258.08	\$209.45
75-79	\$108.82	\$74.63	\$146.06	\$129.04	75-79	\$256.48	\$141.24	\$327.10	\$269.48
80-84	\$136.26	\$101.28	\$186.98	\$169.49	80-84	\$321.48	\$191.64	\$417.30	\$352.30
85-89	\$180.40	\$142.68	\$251.82	\$232.89	85-89	\$425.65	\$269.48	\$560.31	\$482.30
90-94	\$233.53	\$198.38	\$332.88	\$315.22	90-94	\$551.32	\$374.93	\$738.94	\$650.67
95-99	\$245.40	\$211.06	\$350.85	\$333.68	95-99	\$579.08	\$398.68	\$778.43	\$688.22

Member Paid Option 2 Comprehensive Coverage Rates

Monthly \$30,000 – non-tobacco					Monthly \$30,000 – tobacco				
Attained Age	Male Single	Female Single	Male Family	Female Family	Attained Age	Male Single	Female Single	Male Family	Female Family
15-19	\$2.57	\$2.25	\$3.53	\$3.21	15-19	\$2.89	\$2.57	\$4.17	\$3.85
20-24	\$2.89	\$3.53	\$4.49	\$4.82	20-24	\$3.53	\$3.85	\$5.46	\$5.78
25-29	\$3.85	\$5.46	\$6.42	\$7.38	25-29	\$4.49	\$6.10	\$7.70	\$8.35
30-34	\$5.46	\$7.70	\$9.31	\$10.27	30-34	\$7.06	\$10.27	\$12.20	\$13.80
35-39	\$7.38	\$10.91	\$12.84	\$14.77	35-39	\$10.27	\$16.37	\$18.30	\$21.51
40-44	\$10.91	\$14.77	\$18.30	\$20.22	40-44	\$17.98	\$26.96	\$31.46	\$35.95
45-49	\$17.33	\$20.22	\$27.29	\$28.89	45-49	\$34.03	\$40.77	\$54.25	\$57.46
50-54	\$27.93	\$27.29	\$41.41	\$41.09	50-54	\$62.92	\$57.78	\$91.81	\$89.24
55-59	\$50.40	\$39.80	\$70.30	\$65.16	55-59	\$121.98	\$83.14	\$163.39	\$143.81
60-64	\$79.93	\$57.14	\$108.50	\$97.26	60-64	\$188.11	\$108.50	\$242.36	\$202.55
65-69	\$131.61	\$85.07	\$174.30	\$150.87	65-69	\$310.41	\$161.14	\$390.98	\$316.19
70-74	\$173.34	\$113.31	\$230.16	\$199.98	70-74	\$408.95	\$214.43	\$516.17	\$418.91
75-79	\$217.64	\$149.27	\$292.11	\$258.08	75-79	\$512.96	\$282.48	\$654.20	\$538.96
80-84	\$272.53	\$202.55	\$373.97	\$338.98	80-84	\$642.96	\$383.27	\$834.60	\$704.60
85-89	\$360.80	\$285.37	\$503.65	\$465.77	85-89	\$851.29	\$538.96	\$1,120.61	\$964.61
90-94	\$467.06	\$396.76	\$665.75	\$630.44	90-94	\$1,102.64	\$749.86	\$1,477.88	\$1,301.33
95-99	\$490.81	\$422.12	\$701.71	\$667.36	95-99	\$1,158.17	\$797.36	\$1,556.85	\$1,376.45

† Total amounts listed above include the Critical Illness premium and fees for TELUS® Health Care Centres and PinnacleCare services, but do not include taxes, which may be applicable to the coverage.

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