



Protection that's critical.

Specified disease insurance benefit summary

The right specified disease insurance policy can help

Our plan covers many conditions, and can help pay for costs not covered by a traditional health plan.

There are no health questions and all coverage in the standard plans is guaranteed issue.

Medical issues are tied to 67% of bankruptcies, with 59% being the direct result of medical bills.¹



Watch this quick video to learn more



Heart disease is the #1 cause of death in the United States.²



Every 40 seconds, someone has a stroke.³

:40



Benefit plan and features

Class definition: Class 1 – All Active Full Time and Group I Part Time Employees working at least 20 hours per week. All Retail Sales Managers, Financed Financial Professionals, and Financial Professionals who are FTLIS or EQH Gold.

	Employee	Spouse	Children
Benefit Amount	\$5,000 minimum to a maximum of \$30,000 in \$5,000 increments	\$5,000 minimum in \$5,000 increments to a maximum of \$30,000 Not to exceed 100% of the Employee Benefit	\$2,500 minimum in \$2,500 increments to a maximum of \$10,000 Not to exceed 50% of the Employee Benefit

Covered Conditions	Benefit Percentages	Recurrence Benefit Percentages
Heart Attack	100%	100%
Stroke	100%	100%
Major organ failure	100%	100%
End-stage kidney disease	100%	100%

Covered Conditions	Benefit Percentages	Recurrence Benefit Percentages
Coronary Artery Bypass	25%	25%
Invasive Cancer	100%	100%
Cancer in Situ	25%	25%
Skin Cancer	5%	5%

Specified Disease features

Additional Occurrence	Pays a second, unrelated diagnosis.
Recurrence	Pays subsequent diagnoses of a previously paid condition. There is no Lifetime limit on the number of Recurrence claims that are payable.
Enrollment	Annual Open Enrollment
Portability	To age 70
Rate Basis	Issue Age
Wellness Screening Benefit	\$50 annually when qualifying exams or screenings are completed.

Qualifying exams and screenings for wellness screening benefit

- CA15-3 (blood test for breast cancer)
- Breast cancer screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- CA 125 (blood test for ovarian cancer)
- Colorectal cancer screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- CEA (blood test for colon cancer)
- Lipid panel (cholesterol, triglycerides, HDL, LDL)
- Pap smear
- Prostate cancer screening (digital rectal exam, PSA blood test)
- Skin cancer screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Cardiac exercise stress test
- Electrocardiogram (ECG)-resting or stress
- Chest x-ray
- Hemocult stool analysis
- Serum protein electrophoresis
- Carotid Doppler
- Echocardiogram
- Interscholastic Sports Physical Exam

Understanding your benefits

Commonly Used Terms

Benefit Amount	The dollar value of the insurance and the amount able to be claimed.
Benefit Percentage	The percent of the "Benefit Amount" that is payable for each covered condition.
Recurrence Benefit Percentage	The percent of the "Benefit Amount" that is payable upon the second and all subsequent claims for a condition for which a claim has previously been paid under this policy.
Cancer in Situ	A diagnosis referring to cancer that has not spread into surrounding tissue (aka non-invasive cancer). A localized cancer is generally more easily resolved.
Issue Age Rating	The age at which you initially purchase coverage will determine the amount of premium you pay as long as you maintain coverage. Issue Age is determined at the member level.

Frequently Asked Questions

When can I enroll?	You can enroll when you are initially eligible for benefits and any subsequent annual enrollment or life status change.
Are my dependent children eligible for coverage?	Yes, dependent children are eligible up to end of the month they reach age 26. If any dependent children are developmentally disabled, you are able to continue coverage beyond age 26.
Do benefits have to be used for medical expenses?	You decide how to use your benefit payment: <ul style="list-style-type: none">• Out-of-pocket medical costs, including deductibles and co-pays• Rehab costs• Rent or mortgage payments• Groceries• Utility or credit card bills• Childcare• Other financial support
What is specified disease insurance?	Group specified disease insurance is designed to pay a lump sum cash benefit when an insured is diagnosed with a covered condition (i.e. heart attack, stroke, cancer, etc.). The covered conditions are common and typically are survivable diagnosis.

Why should I buy specified disease insurance?

Two-thirds of personal bankruptcies are due to medical expenses, even for those with medical insurance. Equitable's specified disease insurance policy covers the most common conditions likely to arise over your lifetime and provides protection from the many expenses stemming from a significant medical condition.

What conditions are covered as a Specified Disease?

Only the conditions listed above are covered by this policy. Any condition that is not listed above is not a covered condition and therefore is not a payable claim.

What is a Wellness Benefit?

Insureds are eligible to receive an annual benefit amount (default is \$50) when they undergo any eligible exam or screening from the covered list.

How do I learn more about my benefits

Go to www.equitable.com/employeebenefits and log on to EB360® to view your account details.

If I have additional questions, who can I talk too?

Please don't hesitate to contact us at phone number 1-866-274-9887.

If I have a current condition, can I be covered?

Insurance policies will only cover new diagnoses occurring after the effective date.



**Contact us at
(866) 274-9887
with any questions
you may have.**

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.



Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

Email: Customer Service at EBCustomerService@equitable.com.

**Visit equitable.com/employeebenefits
and log on to EB360® to view your account details.**

Important Information

Limitations and exclusions: The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. We may not pay a benefit for any Specified Disease that is due to or results from: services or treatment for which an Insured is not charged, unless facility is a United States government facility; treatment or complications of treatment not related to a Specified Disease; an autologous bone marrow transplant; intentionally self-inflicted injuries or committing or attempting to commit suicide; elective plastic or cosmetic surgery; active military duty, or war or any act of war (excluding terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act or incarceration; your engagement in dangerous conduct or hazardous activity where there is a likelihood of death or serious Injury; being legally intoxicated or under the influence of any narcotic unless taken on the advice of a physician and taken as prescribed; or illegal use of inhalants or huffing.

This policy provides limited benefits: In some states, critical illness insurance is referred to as specified disease insurance. Specified Disease insurance is a limited benefit policy. It does NOT provide basic hospital, basic medical or major medical insurance, and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act. THIS POLICY IS NOT A MEDICARE SUPPLEMENT PLAN. The certificate has exclusions and limitations for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. For costs and complete details of the coverage, please see the actual policy or contact your insurance broker.

Policy form AXEBP19 CI; MOEBP19 CI and state variations. Availability is subject to state approvals.

NY: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 70 percent. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

Legal disclosures: Equitable is the brand name of Equitable Holdings, Inc. and its family of companies, including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY); Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with main administrative headquarters in Jersey City, NJ; Equitable Advisors, LLC (member FINRA, SIPC); and Equitable Distributors, LLC. The obligations of Equitable Financial and Equitable America are backed solely by their claims-paying abilities.

All group insurance products are issued either by Equitable Financial or Equitable America, which have sole responsibility for their respective insurance and claims-paying obligations. Some products are not available in all states.

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