

Critical Illness



Learn More - [Triada.com](https://www.triada.com)



Protect yourself from critical illness



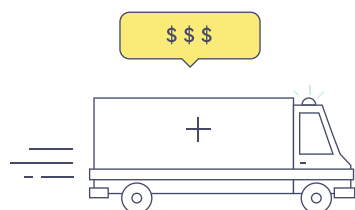
An unexpected illness like a heart attack or stroke can be devastating, especially when you aren't financially prepared for the hospital bill that follows. Keep your finances - and your family - safe with a Critical Illness plan from Triada. Whenever you experience a covered event, you'll receive a lump-sum payment that you can use however you see fit: for medical expenses, to cover lost wages or even for your day to day expenses.

We might not be able to stop the worst from happening - but we can certainly help you prepare for it.

PLAN HIGHLIGHTS

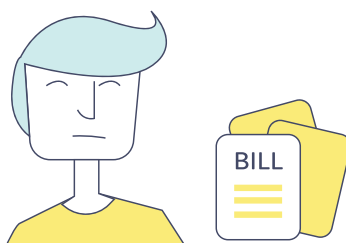
- Up to \$50,000 in coverage
- Add a second plan for your spouse up to a 50% benefit amount
- Covers certain medical events for your children
- No networks - get preventative care anywhere

HOW IT WORKS



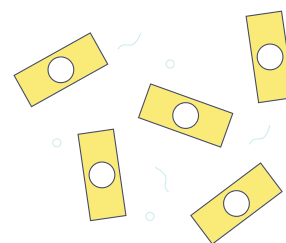
Phil suffers a stroke

He's rushed to the hospital and receives a bill for his stay and treatment



His primary insurance only covers a portion of his expenses

With Triada Critical Illness Insurance, Phil can file a claim on his policy after his diagnosis.



Triada sends Phil \$15,000

Regardless of his medical expenses, Phil will receive a lump-sum payment of \$15,000.

Affordable plans with the easiest claims you've ever filed. That's the Triada Promise.

What You Get

COVERAGE BENEFITS

Initial Occurrence Benefit

Lump Sum Benefits payable upon initial diagnosis of a covered illness or condition. Employee benefit amounts are available from \$5,000 to \$50,000.

Additional Occurrence Benefit

If an insured collects benefits for a Critical Illness under the plan and later has one of the remaining covered illnesses/procedures, then we will pay the benefit amount for each additional illness provided the occurrences are separated by at least 6 months.

Re-Occurrence Benefit

If an insured collects benefits for a covered condition and is later diagnosed with the same condition, we will pay the benefit again provided that the two dates of diagnosis are separated by at least 6 months. (12 months treatment free for Cancer/Carcinoma in situ).

COVERED CRITICAL ILLNESS	PERCENT OF BENEFIT AMT
Cancer	100%
Carcinoma In Situ	30%
Skin Cancer	\$300 one-time (lifetime)
Heart Attack (Myocardial Infarction)	100%
Coronary Artery Bypass Surgery	30%
Angioplasty & Stent Insertion	30%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Major Organ Transplant	100%
Alzheimer's Disease	100%
ALS (Lou Gehrig's Disease)	100%
Loss of Sight/Speech/Hearing	100%
End Stage Renal Disease	100%
Benign Brain Tumor	100%

Continued >



What You Get (Contd.)

COVERAGE FOR CHILDREN

COVERED ELIGIBLE CHILDREN ILLNESS	PERCENT OF BENEFIT AMT
Cerebral Palsy	25%
Cleft Lip or Palate	25%
Down Syndrome	25%
Cystic Fibrosis	25%
Spina Bifida	25%

LIMITATIONS AND EXCLUSIONS

Benefit Reduction

Specified Critical Illness benefits are reduced by 50% starting age 70.

Waiting Period

This coverage contains a Waiting Period. This means no benefits are payable for any Insured who has been diagnosed with a Specified Critical Illness during the Waiting Period. The Waiting Period starts on the Certificate Application Date. The Waiting Period is shown on the Certificate Schedule. If an Insured is first diagnosed during the Waiting Period, you may elect to void the Certificate from the beginning and receive a full refund of premium.

Prior History of Cancer

No benefits are payable for Cancer or Carcinoma in Situ if the Insured was previously diagnosed before this Certificate was in force and, after the previous diagnosis, the Insured has not gone 12 months without Treatment before a new diagnosis of Cancer/Carcinoma in situ is made.

Pre-existing Conditions Limitation

(Not applicable to Insureds with a Prior History of Cancer or Carcinoma in Situ – See PRIOR HISTORY OF CANCER)

This plan contains a Pre-existing Condition Limitation. If a Pre-existing Condition results in a Specified Critical Illness claim during the first 180 days, starting from the Certificate Application Date, no benefits will be payable for that claim. Pre-existing Condition means a sickness or physical condition which, within 180 days prior to the Certificate Application Date, resulted in medical advice or Treatment.

We will not pay benefits for any condition or Illness starting within the Pre-existing Condition Period from the Certificate Application Date which is caused by, contributed to, or resulting from a Pre-existing Condition. A claim for benefits for loss starting after the Pre-existing Condition Period from the Application Date of an Insured will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition Period.

There are no benefits payable for any Specified Critical Illness where the date of diagnosis is prior to the Effective Date of this policy or diagnosed during the 30 day waiting period. (The pre-existing conditions limitation does not apply to newborn or adopted dependent children.)

Exclusions

We will not pay benefits for a loss due to:

- Suicide or attempted suicide while sane or insane
- Substance Abuse, except for substance abuse innocently sustained at the hands of a Doctor

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