



Live life. You're covered.®

The last thing a person with a serious medical condition should worry about is money. US Able Life's Critical Illness plan gives individuals and families the extra financial support they need.

Your client can rest assured that US Able Life is dedicated to delivering on our promise. We honor our commitment to process and pay claims with the greatest care and integrity. Your clients can feel secure that when they buy insurance from us, that is exactly what they will get. It is our assurance—our pledge—that we will be there when your client needs us most.

How it works

For example, the individual purchases our **\$15,000** Critical Illness policy and later suffers a heart attack. The following year, they are diagnosed with internal cancer. In addition to what their health insurance pays, US Able Life's Critical Illness plan will pay:

- **\$15,000** for a heart attack diagnosis (initial payout)
- **\$15,000** for a subsequent cancer diagnosis (secondary payout)

→ **\$30,000** in total cash benefits paid directly to the individual.

Target audience

- Individuals with a high-deductible medical plan
- Younger individuals (for lower prices)
- Individuals with a family history of critical illnesses

Questions to ask

- Could you afford to pay your bills if there was a medical emergency?
- Do you have a family history of heart attack, stroke, or cancer?
- Could you meet financial obligations if you were ill and couldn't work?

Critical Illness product highlights

US Able Life's Critical Illness plan helps protect individuals and families from the financial impact that can occur as the result of a heart attack, stroke, or even cancer, by providing lump-sum payments directly to the member upon the diagnosis of one of the covered illnesses.

- Pays cash directly to the individual
- Can be used to cover medical and non-medical expenses
- Pays in addition to any other insurance they may have
- Available for individuals, spouses, and dependent children
- Benefit amount options of up to \$50,000
- Policy is guaranteed renewable as long as premiums are paid on time
- Rates don't increase due to age (policyholder is locked into rate for age at effective date)
- Includes a recurrent benefit, which pays for subsequent diagnoses up to 200% of the policy amount

Eligibility

Primary applicant

- Age 19 to 64 years
- Florida resident and U.S. citizen (or have been issued a permanent residency visa and have lived in the U.S. for the last six months)
- Is not currently receiving disability benefits or does not have an application pending for disability benefits

Spouse/dependents

- Spouses age 19 to 64 years
- Dependents age birth through 22 years
- Able to engage in their regular and customary activities
- Is not currently receiving disability benefits or does not have an application pending for disability benefits

Underwriting assessment

- Have you been diagnosed or treated for a critical illness in the last 10 years?¹

Example payouts on a \$10,000 policy

COVERED CRITICAL ILLNESSES	BENEFIT AMOUNTS
Cancer	\$10,000
Heart Attack	\$10,000
Stroke	\$10,000
End Stage Renal Disease	\$10,000
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	\$10,000
Quadriplegia	\$10,000
Major Organ Transplant Surgery	\$10,000
Coronary Artery Bypass Surgery	\$2,500
Balloon Angioplasty	\$1,000
Stent	\$1,000
Laser Relief Obstruction Procedure	\$1,000
Carcinoma in Situ	\$1,000
Recurrent Benefit Rider	Pays up to an additional \$10,000

Waiting period

No benefits will be paid for a specified critical illness diagnosed during the first 30 days following any covered person's effective date of coverage. Increases in coverage are also subject to a 30-day waiting period. If the date of diagnosis of any covered person's specified critical illness occurs during the waiting period, the policy or any increase in coverage will be canceled and the related premiums returned.

Pre-existing conditions

The benefits of the policy will not be payable for any loss caused by a pre-existing condition during the first 24 months the policy is in force. After this 24-month period, however, loss due to such conditions will be payable unless specifically excluded from coverage. This 24-month period is measured from the effective date of coverage for each covered person.

A pre-existing condition means a specified critical illness that is diagnosed or for which treatment is received within 24 months before the effective date of coverage for each covered person. "Treatment" means consultation, care, or services provided by a physician including diagnostic measures and taking prescription drugs and medicines. If the issuance of a covered person's coverage was based on the medical history disclosed on the application, such conditions which were fully disclosed and not excluded or limited by us are not considered pre-existing conditions.

Exceptions and limitations

The policy pays only for loss resulting from specified critical illnesses or surgeries as defined in the policy. We will not pay benefits for a specified critical illness or surgery that occurs as a result of:

- Critical illnesses or surgeries not defined in the policy
- A critical illness diagnosed during the covered person's waiting period
- Participation in illegal activity

- Self-inflicted injury or suicide
- Armed conflict
- Surgeries performed outside of the United States or its Territories
- Other exclusions:
 - Cerebral symptoms
 - Leukemia
 - Skin cancer
 - Pre-malignant or non-invasive tumors
 - Non-life-threatening cancers
 - Papillary microcarcinoma of the thyroid
 - Non-invasive papillary cancer of the bladder
 - Chronic lymphocytic leukemia

Renewability and continuation

- The policy is guaranteed renewable during the covered person's lifetime
- US Able Life may change the premium rate, but only if the rate changes for all policies in the covered person's state
- The policy will not be issued to anyone 65 years of age or over on the initial effective date, but if the policy is purchased before the covered person's 65th birthday, they may continue coverage after age 65 as long as they continue to pay the premium rate by the due date or during the 31 days that follow
- Children born while the policy is in force will be covered immediately from the moment of birth under both the individual and family plans
 - If they wish to continue coverage on newborn children under the individual or individual/spouse plan, they must apply within 90 days of the child's birth date
- A covered dependent who no longer meets eligibility requirements may convert to an individual policy without evidence of insurability
- Spouse coverage will terminate on the first renewal date following the covered person's death or at the time of divorce

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US Able Life is an independent company and operates separately from Florida Blue. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association. US Able Life does not sell or service Florida Blue products.

¹Applicant is ineligible if diagnosed with or treated for one of the following critical illnesses within the last 10 years: HIV/AIDS; stroke; heart attack or cardiovascular disease; internal cancer; non-gestational diabetes; end-stage renal disease; or chronic kidney or lung disease

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