# Compass Group USA, Inc.
## Summary of benefits

Scan to learn more about your Critical Illness Protection Plan.

# Critical Illness Protection Plan

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|---|---|
| Effective date | January 1, 2027 |
| Eligibility | All active associates residing in New Mexico, working a minimum of 20 hours per week. |

| **Base covered conditions** | |
|---|---|
| **Cancer conditions** | Percentage of maximum benefit amount payable per covered person or dependent |
| Benign brain tumor | 100% |
| Cancer - invasive | 100% |
| Cancer – non-invasive | 25% |
| Chronic renal (kidney) failure | 100% |
| Coma | 100% |
| Coronary artery disease (bypass surgery) | 25% |
| Heart attack | 100% |
| Heart failure | 100% |
| Major organ failure (liver, lung, pancreas, small bowel) | 100% |
| Permanent paralysis | 100% |
| Ruptured aneurysm | 100% |
| Stroke | 100% |
| **Additional covered conditions** | |
| Advanced Alzheimer's disease | 100% |
| Advanced multiple sclerosis | 100% |
| Advanced Parkinson's disease | 100% |
| Amyotrophic lateral sclerosis (ALS) | 100% |
| Complete blindness | 100% |
| Complete loss of hearing | 100% |
| **Child-only covered conditions** | |
| Cerebral palsy | 25% of associate's Amount |
| Cleft lip / palate | 25% of associate's Amount |
| Cystic fibrosis | 25% of associate's Amount |
| Down syndrome | 25% of associate's Amount |
| Muscular dystrophy | 25% of associate's Amount |
| Spina bifida | 25% of associate's Amount |
| **Partial benefits rider** | |
| Addison's disease (adrenal hypofunction) | 25% |
| Cerebrospinal meningitis (bacterial) | 25% |
| Diphtheria | 25% |
| Encephalitis | 25% |
| Huntington's disease (Huntington's chorea) | 25% |
| Legionnaires' disease | 25% |
| Malaria | 25% |
| Myasthenia gravis | 25% |

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| Necrotizing fasciitis | 25% |
| Osteomyelitis | 25% |
| Poliomyelitis | 25% |
| Rabies | 25% |
| Sickle cell anemia (excluding sickle cell trait) | 25% |
| Systemic lupus erythematosus (SLE) | 25% |
| Systemic sclerosis (scleroderma) | 25% |
| Tetanus | 25% |
| Tuberculosis | 25% |
| **Additional benefits** | |
| Wellness benefit exams | $50 |
| Occupational Human Immunodeficiency Virus (HIV) | 100% |

**Wellness benefits covered exams**

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Thermography
- Virtual colonoscopy

Benefit paid upon completion of a covered wellness exam or health screening test; one covered test per calendar year.

**Benefits payable**

| | Associate-paid benefits | |
|---|---|---|
| **Voluntary supplemental plan benefits** | **Low option** | **High option** |
| Associate guarantee issue benefit | $10,000 | $20,000 |
| Spouse guarantee issue benefit | $5,000 | $10,000 |
| Child(ren) guarantee issue benefit | $5,000 | $10,000 |

Associate must purchase coverage in order to purchase dependent coverage
Dependent benefits cannot exceed the associate benefit amount

**Additional benefits**

| | |
|---|---|
| Recurrence benefit | 100% of maximum benefit amount payable upon the subsequent diagnosis of a covered condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months, during which time there has been no treatment for that condition. |
| Additional occurrence | 100% of maximum benefit amount payable per covered associate or dependent for a different covered condition. Diagnosis dates must be separated by at least 90 days. |
| Wellness benefit | $50 payable upon completion of a covered wellness exam or health screening test. One covered test per calendar year per covered associate and spouse. |
| Portability | Included at employer's group rate with age limit of 75. |

# Summary of Benefits | Critical Illness Protection Plan

## Important details

**This Summary of Benefits sheet is an overview of the Critical Illness Protection Plan being offered and is provided for illustrative purposes only and is not a contract.** It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Dependent children are covered to age 26.

The associate must be enrolled in coverage in order for dependent coverage to be available.

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the group or no longer meets the specific eligibility requirements stated in the policy; or benefits have been fully paid for qualifying conditions or the policy terminates. The policy is renewable at the option of the company. See the policy for terms and periods related to continuation during approved leaves.

### Exclusions and limitations

**We will not cover a critical illness under the policy if it is due to:**

1. An act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
2. Loss sustained while on active duty as a member of the armed forces of any nation (except during any time period coverage is extended under the Continuation During Leave of Absence provision)
3. Any intentionally self-inflicted injury
4. Active participation in a riot
5. Committing or attempting to commit a felony, or participating or attempting to participate in a felony
6. Use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a physician
7. Cosmetic or elective surgery
8. Attempted suicide, while sane or insane

**We also will not pay a benefit for a critical illness:**

1. For which the covered person's date of diagnosis for any type of critical illness, as defined in the policy, was prior to his or her effective date of insurance
2. That was diagnosed outside of the United States or Canada, unless the diagnosis was confirmed by a physician practicing within the United States or Canada

**Cosmetic or elective surgery exclusion:**

We will not cover a critical illness under the policy if it is due to cosmetic surgery or elective surgery. Cosmetic surgery means surgery performed to modify or improve the appearance of a physical feature or defect. For purposes of excluding benefits, cosmetic surgery does not mean reconstructive surgery performed to correct or repair abnormal structures of the body caused by:

1. Congenital defects
2. Developmental abnormalities
3. Trauma
4. Infection
5. Tumors
6. Disease (when intended to either improve function or create a normal appearance to the extent possible)

**Reconstructive surgery includes:**

1. Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures
2. Surgery and prosthetic devices to restore and achieve symmetry incident to a mastectomy

**Elective surgery means:**

1. Cosmetic surgery
2. Any other surgery that is:
   a. Not for the purpose of correcting or repairing abnormal structures of the body
   b. Not for the purpose of improving function
   c. If intended to improve appearance or create a normal appearance, is not caused by a condition listed in 1-6 above

**For purposes of excluding benefits, elective surgery does not include:**

1. Caesarean section
2. Any surgery related to complications of pregnancy
3. Bariatric surgery performed in conjunction with a diagnosis of morbid obesity