Compass Group USA, Inc.
Summary of benefits

Scan to learn more about your Critical Illness Protection Plan.

Critical Illness Protection Plan

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

Base conditions only	
Cancer conditions	Percentage of maximum benefit amount payable per covered person or dependent
Cancer – invasive	100%
Cancer – non-invasive	25%
Skin cancer	$1,000
Vascular conditions	
Coronary artery disease (bypass surgery)	25%
Coronary artery disease (percutaneous coronary intervention)	25%
Heart attack	100%
Ruptured aneurysm	50%
Stroke	100%
Sudden cardiac arrest	50%
Organ failure conditions	
Bone marrow disease	25%
Chronic renal (kidney) failure**	100%
Heart failure*	100%
Major organ failure (liver, lung, pancreas, small bowel)	100%
Functional loss conditions	
Coma	100%
Loss of hearing accident and sickness**	100%
Loss of sight accident and sickness**	100%
Loss of speech accident and sickness**	100%
Paralysis	50%
Infectious disease conditions	
Coronavirus (3 or more days of hospitalization)	$1,000
Infectious disease with confinement (5 or more days)*	50%
Neurological disease conditions* (diagnosis only)	
Alzheimer's disease	50%
Amyotrophic lateral sclerosis (ALS)	100%
Huntington's disease	50%
Multiple sclerosis	50%
Parkinson's disease	50%
Pulmonary conditions	
Acute respiratory distress syndrome (ARDS)	25%
Occupational conditions*	
Occupational hepatitis	50% of the maximum benefit
Occupational Human Immunodeficiency Virus (HIV)	50% of the maximum benefit

*Cerebrospinal meningitis (bacterial), diphtheria, encephalitis, Legionnaires' disease, Lyme disease, malaria, methicillin-resistant staphylococcus aureus (MRSA), necrotizing fasciitis, osteomyelitis, poliomyelitis, rabies, tetanus, tuberculosis

**Not eligible for the recurrence benefit

Summary of Benefits | Critical Illness Protection Plan

Additional conditions	
Benign brain tumor	100%
Crohn's disease	25%
Severe burns	100%
Systemic lupus erythematosus (SLE)	25%
Childhood disease conditions**	
Cerebral palsy	50% of the Dependent Child benefit
Cleft lip/palate	50% of the Dependent Child benefit
Cystic fibrosis	50% of the Dependent Child benefit
Down syndrome	50% of the Dependent Child benefit
Congenital heart disease	50% of the Dependent Child benefit
Childhood diabetes	50% of the Dependent Child benefit
Muscular dystrophy	50% of the Dependent Child benefit
Sickle cell anemia	50% of the Dependent Child benefit
Spina bifida	50% of the Dependent Child benefit
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 1 month. No treatment-free requirement.
Additional occurrence	100% of maximum benefit amount payable per covered associate or dependent for a different covered condition.
Cancer recurrence benefit	100% of maximum benefit amount payable upon the subsequent diagnosis of a cancer-covered condition for which we have paid a benefit. Diagnosis dates must be separated by at least 1 month.
Cancer recurrence treatment free requirement	No active treatment for cancer 1 month prior to the recurrence of a cancer condition.
Portability	Included at Employer's group rate with age limit of 75.
Additional occurrence - separation period	None
Pre-existing condition exclusion	Waived
Wellness benefit	$50 payable upon completion of a covered wellness exam or health screening test. Includes Tier 1, 2 and 3 exams. One covered test per calendar year per covered associate, spouse and child. Includes Tier 1, 2 and 3 exams.
Wellness benefits covered exams	
Tier 1 • Antibody or serology testing • At-Home Screening tests for colon cancer • Biopsy • Blood test for cholesterol • Blood test for triglycerides • Biometric Screenings • Bone density scans • Bone marrow testing • Breast ultrasound • Breast MRI • 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 • Complete blood count • Doppler screening for abdominal aorta • Doppler screening for carotids • Doppler screening for peripheral vascular disease • Echocardiogram • Electrocardiogram • Endoscopy	• Fasting blood glucose test • Fasting plasma glucose (FPG) • Flexible sigmoidoscopy • Hemoccult stool analysis • Hemoglobin A1C (HbA1c) • HPV testing • Lipid panel • Mammography • Monoclonal antibody therapy • Pap smear • PSA (blood test for prostate cancer) • Routine dental exam/cleaning • Routine comprehensive eye exam • Routine comprehensive hearing exam • 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 • ThinPrep pap test • Virtual colonoscopy • Wellness fair screening • Whole body skin cancer screening

**Not eligible for the recurrence benefit

Summary of Benefits | Critical Illness Protection Plan

Wellness benefits covered exams cont.	
Tier 2 • Genetic testing • Immunizations • Routine physicals • Well-child exams (up to age 18)	**Tier 3** • COVID-19 testing administered by a medical or health care professional 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		

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