

GROUP SPECIFIED DISEASE INSURANCE BENEFIT HIGHLIGHTS

Underwritten by Hartford Life and Accident Insurance Company

For Employee of:

OPTIMA PAYROLL PROCESSING SERVICES LLC (Policyholder)



To learn more, visit:
www.thehartford.com/employee-benefits/employees

Facing a serious illness at any age can be challenging – physically, emotionally and financially. Primary health insurance may pick up some or most of the tab, but can still leave medical and other recovery expenses that add up quickly. **Specified Disease insurance can provide a lump-sum cash benefit upon diagnosis of a covered illness that can be used however you choose.**

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Full Time Employees

Policy Situs/Issue State: New York

Policy Number: VCI-715524

Policy Effective Date: January 1, 2025

Policy Anniversary: January 1

ELIGIBILITY & ENROLLMENT INFORMATION (Additional conditions may apply as described in the Certificate.)

Employee	To be eligible for coverage, an Employee must be performing the normal duties of their regular job for the policyholder for 30 or more hours each week and be receiving compensation from the policyholder for work performed.
Dependent(s)	Dependent(s) must be able to perform normal and customary activities and not be confined (at home or in any medical facility) to be eligible for coverage. In addition, Dependent Child(ren) must be under age 26, unless otherwise allowed by the policy.
Other Insurance Required	Each person must have individual or group major medical insurance, or basic hospital and basic medical insurance, to be eligible and continue to be eligible for coverage under the policy.
New Hire Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within 31 days following the day the Employee or Dependent(s) first become(s) eligible for coverage under the Policy. If an Employee does not elect coverage during the Employee's or Dependent's initial enrollment period, future enrollment may only occur as provided in the Changes in Coverage provision of the Certificate.
Ongoing Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within an Annual Enrollment Period specified by the Policyholder or during an Additional Enrollment Event.

COVERAGE ELECTION & AMOUNT(S)

In order to be insured under the Policy an Employee must elect coverage for themselves and any Dependent(s). The Employee is required to pay premium for the coverage elected. Payment of premium does not guarantee eligibility for coverage.

Any amount of insurance for a Spouse/Partner or Dependent Child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. All Coverage Amount(s) are Guaranteed Issue.

Employee	Choice of \$25,000 or \$50,000
Spouse/Partner	50% of the Employee's elected Coverage Amount
Dependent Child(ren)	50% of the Employee's elected Coverage Amount (per child)

SPECIFIED DISEASE BENEFITS

All Specified Disease Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Specified Disease, unless otherwise stated as a specific dollar amount. All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Specified Disease that is payable or was previously paid under the Policy for a Covered Person.

CANCER CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	25%	100%
Skin Cancer	\$250	\$250

HEART & VASCULAR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Heart Attack (Myocardial Infarction) <ul style="list-style-type: none"> • ST-Segment Elevation Myocardial Infarction (STEMI) • Non-ST Segment Elevation Myocardial Infarction (NSTEMI) 	100% 25%	100% 100%
Coronary Artery Disease <ul style="list-style-type: none"> • Major Diagnosis 	100%	100%
Stroke <ul style="list-style-type: none"> • Mild Stroke • Moderate Stroke • Severe Stroke 	10% 25% 100%	100% 100% 100%
Aneurysm <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm or Thoracic Aortic Aneurysm - Major Diagnosis 	100%	100%

MAJOR ORGAN CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Major Organ Failure	100%	100%

ADDITIONAL BENEFITS

All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.

Benefit:	Benefit Amount:	Benefit Maximum:
Health Screening	\$50	Once per Policy Year

GENERAL LIMITATIONS & EXCLUSIONS

The limitations and exclusions included below apply to all benefits included in the Certificate unless otherwise noted below. Please note that certain Specified Disease Benefits and Additional Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of the Certificate. All limitations and exclusions are fully described in the Certificate.

Unless otherwise stated in the Certificate, We will not pay benefits for any Specified Disease included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.

Reoccurrence Benefit Separation Period	Once a Specified Disease is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Specified Disease, a Reoccurrence Benefit Separation Period of 180 days must be satisfied.
Policy Benefit Maximum	Each Covered Person may receive multiple payments for Specified Disease Benefits under this Certificate until the Policy Benefit Maximum of 500% is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate.

Exclusions	<p>No benefits are payable under the Policy for any Specified Disease that results from, is caused by or that takes place during a Covered Person's:</p> <ul style="list-style-type: none"> • intentional self-inflicted illness or Injury • voluntarily taking or using any drug, narcotic, medication or sedative, unless it is: <ul style="list-style-type: none"> - taken or used as prescribed by a Physician, or - taken according to package directions, for any over-the-counter drug, medication or sedative • voluntary commission of or attempt to commit a felony , voluntary participation in illegal activities (except for misdemeanor violations), or voluntary engagement in an illegal occupation • incarceration or imprisonment in any type of penal or detention facility • active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate • involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer <p>In addition, no benefits are payable under the Policy for any Specified Disease that results from or is caused by a Covered Person's Substance Use Disorder.</p> <p>In addition, no benefits are payable under the Policy for any Specified Disease for which Diagnosis is made outside the United States or Canada, unless the Diagnosis is confirmed in the United States. The date of Diagnosis in such circumstances is the date the Diagnosis was originally made outside the United States or Canada.</p>
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FEATURES

Continuation of Coverage	<p>You may be able to continue insurance for You and Your Dependent(s) in certain circumstances when You are no longer Actively at Work, with payment of premium and subject to certain conditions. The available continuation option(s) are described in the Certificate.</p>
Extended Continuation	<p>You or an insured Spouse/Partner, in certain circumstances, may continue coverage under the Policy when insurance would otherwise end under the Termination of Coverage provision, with payment of premium and subject to certain conditions. This provision is fully described in the Certificate.</p>

COVERAGE EFFECTIVE DATE (WHEN COVERAGE BEGINS)

In no event will Dependent insurance become effective before an Employee becomes insured. The Coverage Effective Date for any Employee or Dependent is subject to the Deferred Coverage Effective Date provision of the Certificate. Additional eligibility conditions may apply as described in the Certificate.

New Hires	<p>Coverage will start on the later to occur of:</p> <ul style="list-style-type: none"> • the first day of the month following the date an Employee or Dependent becomes eligible , if enrolled for coverage on or before that date, or • the first day of the month following the date an Employee or Dependent is enrolled for coverage
Annual Enrollment or Additional Enrollment Event	<p>Coverage will start on the later to occur of:</p> <ul style="list-style-type: none"> • the Policy Anniversary on or next following the last day of an Annual Enrollment Period, if an Employee or Dependent is enrolled during an Annual Enrollment Period, or • the first day of the month following the last day of an Additional Enrollment Event, if an Employee or Dependent is enrolled during an Additional Enrollment Event

TERMINATION OF COVERAGE (WHEN COVERAGE ENDS)

Coverage for an Employee and any Dependent(s) will end on the last day of the month during which an Employee is no longer eligible for insurance under any provision of the Policy. Coverage for a Dependent will also end on the last day of the month during which a Dependent no longer satisfies the definition of Spouse/Partner or Dependent Child(ren). Additional circumstances under which coverage will end are described in the Certificate. Termination of coverage has no effect on benefits payable for a Specified Disease that is Diagnosed or Treatment that is received while a Covered Person was insured under the Policy.

GROUP HOSPITAL INDEMNITY INSURANCE IMPORTANT NOTICE



IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- The policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** online or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments".
- If you have this policy through your job, or a family member's job, contact the employer.

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