





Scan to learn more about your Critical Illness Protection Plan.

Summary of Benefits – Compass Group USA, Inc.

Critical Illness Protection Plan

Supplemental Health customer service number: 1-877-624-8390

Effective date	Jan. 1, 2025	
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%	
Amyotrophic lateral sclerosis (ALS)	100%	
Advanced multiple sclerosis	100%	
Advanced Parkinson's disease	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%	

Summary of Benefits | Critical Illness Protection Plan

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
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		
Low option	High option	
\$10,000	\$20,000	
\$5,000	\$10,000	
\$5,000	\$10,000	
	Low option \$10,000 \$5,000	

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.

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



