

Luxfer Companies
Summary of Benefits
Critical Illness Protection Plan



Effective Date	January 1, 2024
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week. <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>

Covered Critical Illness Conditions	
Base 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 Failure	100%
Coma	100%
Coronary Artery Disease	25%
Heart Attack	100%
Heart Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Ruptured Aneurysm	100%
Stroke	100%
Additional Conditions	
Amyotrophic lateral sclerosis (ALS)	100%
Complete Blindness	100%
Complete Loss of Hearing	100%
Advanced Alzheimer's	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's	100%
Child Only Conditions	Percentage of Maximum Child Benefit Amount payable per Covered Child (One benefit payable per Covered Child)
Cerebral Palsy	25% of Employee's Amount
Cleft Lip / Palate	25% of Employee's Amount
Cystic Fibrosis	25% of Employee's Amount
Down Syndrome	25% of Employee's Amount
Muscular Dystrophy	25% of Employee's Amount
Spina Bifida	25% of Employee's Amount

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

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Benefits Payable				
	Employee Paid Benefits			
Voluntary Benefits	Option 1	Option 2*	Option 3*	Option 4*
Employee Guarantee Issue Benefit	\$10,000	\$20,000	\$30,000	\$0
Spouse Guarantee Issue Benefit	\$5,000	\$10,000	\$15,000	\$0
Child(ren) Guarantee Issue Benefit	\$2,500	\$5,000	\$7,500	\$0

- Employee must purchase coverage in order to purchase dependent coverage
- *Employee may choose from lower coverage options for Spouse and Child(ren)

Additional Benefits	
Reoccurrence Benefit	100% of Benefit Amount for Base Conditions payable per Covered Person or Dependent
Additional Occurrence	100% of the benefit amount payable per covered employee or dependent for a different covered condition.
Wellness Benefit Rider	\$50, Employee Paid for Employee and Insured Spouse
Portability	Included

Important Details

This Summary of Benefits sheet is an overview of the Critical Illness Insurance 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.

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Dependent children are covered to age 26

Exclusions and Renewal Provisions:

The Policy does not cover loss due to suicide or intentionally self-inflicted injury, participating in a riot or felony; war; use of alcohol or the non-medical use of drugs; while on active duty in any armed forces except under the policy's Continuation during leave provision; cosmetic or elective surgery; or any Critical Illness with a date of diagnosis prior to the effective date.*

*Some state variations may apply

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.

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on form UHICI-POL-1. In New York, it is referred to as Specified Disease insurance and provided by Unimerica Life Insurance Company of New York UHICI-POL-1-NY. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor.

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Current Semi-Monthly Cost Tables

The costs shown on these tables are based on the employee and spouse ages and tobacco status being the same; **the tables do not reflect the costs when employee and spouse ages and/or tobacco-status are different.** Any applicable age-related benefit reductions are included. Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here. *Please consult your human resources/benefits department for additional cost information.*

Effective Date	January 1, 2024
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.

Employee Paid Benefits

Option 1: EE \$10,000 / SP \$5,000 / CH \$2,500

Age Range	Employee Only		Employee+Spouse		Employee+Child(ren)		Employee+Spouse+Child(ren)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	Under 25	\$0.95	\$1.00	\$1.45	\$1.53	\$1.10	\$1.15	\$1.60
25 - 29	\$1.30	\$1.45	\$2.00	\$2.20	\$1.45	\$1.60	\$2.15	\$2.35
30 - 34	\$1.60	\$1.95	\$2.48	\$2.95	\$1.75	\$2.10	\$2.63	\$3.10
35 - 39	\$2.20	\$2.85	\$3.40	\$4.28	\$2.35	\$3.00	\$3.55	\$4.43
40 - 44	\$3.35	\$4.95	\$5.08	\$7.23	\$3.50	\$5.10	\$5.23	\$7.38
45 - 49	\$5.30	\$8.90	\$7.80	\$12.55	\$5.45	\$9.05	\$7.95	\$12.70
50 - 54	\$7.55	\$13.35	\$10.90	\$18.83	\$7.70	\$13.50	\$11.05	\$18.98
55 - 59	\$10.50	\$19.65	\$14.75	\$27.05	\$10.65	\$19.80	\$14.90	\$27.20
60 - 64	\$15.80	\$31.15	\$21.70	\$42.05	\$15.95	\$31.30	\$21.85	\$42.20
65 - 69	\$21.85	\$45.45	\$30.18	\$61.65	\$22.00	\$45.60	\$30.33	\$61.80
70 - 74	\$29.00	\$58.80	\$40.98	\$81.65	\$29.15	\$58.95	\$41.13	\$81.80
75 +	\$34.85	\$62.65	\$52.28	\$93.98	\$35.00	\$62.80	\$52.43	\$94.13

Option 2: EE \$20,000 / SP \$10,000 / CH \$5,000

Age Range	Employee Only		Employee+Spouse		Employee+Child(ren)		Employee+Spouse+Child(ren)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	Under 25	\$1.90	\$2.00	\$2.90	\$3.05	\$2.20	\$2.30	\$3.20
25 - 29	\$2.60	\$2.90	\$4.00	\$4.40	\$2.90	\$3.20	\$4.30	\$4.70
30 - 34	\$3.20	\$3.90	\$4.95	\$5.90	\$3.50	\$4.20	\$5.25	\$6.20
35 - 39	\$4.40	\$5.70	\$6.80	\$8.55	\$4.70	\$6.00	\$7.10	\$8.85
40 - 44	\$6.70	\$9.90	\$10.15	\$14.45	\$7.00	\$10.20	\$10.45	\$14.75
45 - 49	\$10.60	\$17.80	\$15.60	\$25.10	\$10.90	\$18.10	\$15.90	\$25.40
50 - 54	\$15.10	\$26.70	\$21.80	\$37.65	\$15.40	\$27.00	\$22.10	\$37.95
55 - 59	\$21.00	\$39.30	\$29.50	\$54.10	\$21.30	\$39.60	\$29.80	\$54.40
60 - 64	\$31.60	\$62.30	\$43.40	\$84.10	\$31.90	\$62.60	\$43.70	\$84.40
65 - 69	\$43.70	\$90.90	\$60.35	\$123.30	\$44.00	\$91.20	\$60.65	\$123.60
70 - 74	\$58.00	\$117.60	\$81.95	\$163.30	\$58.30	\$117.90	\$82.25	\$163.60
75 +	\$69.70	\$125.30	\$104.55	\$187.95	\$70.00	\$125.60	\$104.85	\$188.25

Option 3: EE \$30,000 / SP \$15,000 / CH \$7,500

Age Range	Employee Only		Employee+Spouse		Employee+Child(ren)		Employee+Spouse+Child(ren)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	Under 25	\$2.85	\$3.00	\$4.35	\$4.58	\$3.30	\$3.45	\$4.80
25 - 29	\$3.90	\$4.35	\$6.00	\$6.60	\$4.35	\$4.80	\$6.45	\$7.05
30 - 34	\$4.80	\$5.85	\$7.43	\$8.85	\$5.25	\$6.30	\$7.88	\$9.30
35 - 39	\$6.60	\$8.55	\$10.20	\$12.83	\$7.05	\$9.00	\$10.65	\$13.28
40 - 44	\$10.05	\$14.85	\$15.23	\$21.68	\$10.50	\$15.30	\$15.68	\$22.13
45 - 49	\$15.90	\$26.70	\$23.40	\$37.65	\$16.35	\$27.15	\$23.85	\$38.10
50 - 54	\$22.65	\$40.05	\$32.70	\$56.48	\$23.10	\$40.50	\$33.15	\$56.93
55 - 59	\$31.50	\$58.95	\$44.25	\$81.15	\$31.95	\$59.40	\$44.70	\$81.60
60 - 64	\$47.40	\$93.45	\$65.10	\$126.15	\$47.85	\$93.90	\$65.55	\$126.60
65 - 69	\$65.55	\$136.35	\$90.53	\$184.95	\$66.00	\$136.80	\$90.98	\$185.40
70 - 74	\$87.00	\$176.40	\$122.93	\$244.95	\$87.45	\$176.85	\$123.38	\$245.40
75 +	\$104.55	\$187.95	\$156.83	\$281.93	\$105.00	\$188.40	\$157.28	\$282.38

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Age Range	Option 4: EE \$0 / SP \$0 / CH \$0							
	Employee Only		Employee+Spouse		Employee+Child(ren)		Employee+Spouse+Child(ren)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Under 25	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
25 - 29	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
30 - 34	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
35 - 39	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
40 - 44	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
45 - 49	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
50 - 54	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
55 - 59	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
60 - 64	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
65 - 69	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
70 - 74	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A
75 +	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A

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