NEW YORK LIFE GROUP BENEFIT SOLUTIONS

veradigm

Offered by New York Life Insurance & Annuity Corporation

Employee-Paid Critical Illness Insurance

Summary of Benefits

Prepared for: Veradigm, Inc.
Class 1

Eligibility:
All active, full-time Associates of the Employer regularly scheduled to work at least 24 hours per week in the United States, who are citizens or permanent resident aliens of the United States working in or outside the United States or non-United States citizens living and working in the United States on a temporary work visa.
Employee: You will be eligible for coverage immediately.
Spouse: Is eligible as long as you apply for and are approved for coverage yourself.
Child(ren): Birth to age 26, or age 35 if a full-time student, as long as you apply for and are approved for coverage yourself.

Available Coverage

Voluntary

	Benefit Amount	Guaranteed Issue Amount*	Recurrence**
Employee	Choice of $10,000, $20,000, $30,000	$30,000	100% of the Benefit Amount
Spouse	50% of the Employee Critical Illness Benefit Amount	$15,000	100% of the Benefit Amount
Dependent Child(ren)	50% of the Employee Critical Illness Benefit Amount	$15,000	100% of the Benefit Amount

***Guaranteed Issue** means that you may be able to purchase without medical exams or health questions.

What's Included?

The benefit amount payable is based on a percentage of the Critical Illness Benefit Amount and is reflected below. Common conditions for your plan include the following:

Covered Conditions	% of Benefit Amount
Stroke	100%
Heart Attack *(cardiac arrest is not a heart attack)*	100%
Sudden Cardiac Arrest	30%
Coronary Artery Disease - with Bypass	30%
Coronary Artery Disease - Coronary Artery Intervention	50%
Major Organ Failure[1]	100%

Covered Conditions	% of Benefit Amount
End Stage (Renal) Kidney Failure	100%
Invasive Cancer	100%
Non-Invasive Cancer *(includes Stage 0 Breast Cancer)*	25%
Skin Cancer	10%
Coronavirus (COVID-19) - Severe *requires a 5 day confinement*	100%
Infectious Disease[2] - Moderate *requires a 3 day confinement*	25%
Type 1 Diabetes	25%
Childhood Disease and Conditions[3]	
Cerebral Palsy	100%
Cleft Lip/Cleft Palate	100%
Congenital Heart Illnesses	100%
Down Syndrome	100%
Spina Bifida	100%

Additional Benefits

Health Screening Benefit
Health Screening Benefit provides an annual benefit payment if you receive a health screening test. Annual Benefit Amount(s) are as follows -
$50.00

How many benefits are payable per plan?

Lifetime Benefit Maximum - This is the maximum amount payable under the plan. The critical illness benefit amount for each covered disease or condition is 100%, unless otherwise stated. The lifetime benefit maximum allows the plan to pay multiple 100% benefits, along with partial benefits, for multiple diagnoses when included in the plan during the Covered Person's* lifetime. Your plan **does not limit** the lifetime benefit maximum amount payable.

****Multiple Payments –** For a Covered Person to be eligible for more than one benefit payment, the diagnosis is either considered an Additional Critical Illness Benefit (different) or a Recurrence Benefit (same).

- **Additional Critical Illness Benefit:** pays a benefit if the Covered Person experiences a diagnosis which is a **different** critical illness from which a benefit was already paid while coverage is inforce.

- **Recurrence Benefit:** pays a benefit if the Covered Person experiences a subsequent diagnosis which is the **same** critical illness from which a benefit was already paid, while coverage is inforce. For recurrence to be payable, the following separation periods must be met to pay that same critical illness benefit:
  - Diagnosis of Invasive Cancer, Non-Invasive Cancer or Skin Cancer must have a separation period of 90 Days.
  - Diagnosis of all other Critical Illnesses must have a separation period of 90 Days.

The Recurrence Benefit may not be available for all Critical Illnesses, which are only payable once per Covered Person. Please see the Description of Benefits section in your Certificate to see the conditions that are not available for Recurrence.

Additional Features -

Portability - If your employment is terminated, you can continue your critical illness insurance, and critical illness insurance for your insured spouse and dependent children, on a direct-bill basis. Your spouse and dependent

children may also continue their critical illness insurance, following your death or following divorce. Coverage can be continued as outlined in the Group Policy. Refer to your certificate for details.

Your Semi-Monthly Cost of Coverage:

Voluntary	Employee Cost per $1,000 (includes Child(ren) Cost)	
Age	Tobacco	Non-Tobacco
0 - 24	$0.15	$0.11
25 - 29	$0.20	$0.15
30 - 34	$0.29	$0.19
35 - 39	$0.42	$0.24
40 - 44	$0.67	$0.31
45 - 49	$1.00	$0.36
50 - 54	$1.57	$0.55
55 - 59	$2.38	$0.78
60 - 64	$3.67	$1.22
65 - 69	$5.34	$1.91
70 - 99	$7.74	$2.11

Voluntary	Spouse Cost per $1,000	
Age	Tobacco	Non-Tobacco
0 - 24	$0.24	$0.18
25 - 29	$0.29	$0.23
30 - 34	$0.38	$0.26
35 - 39	$0.52	$0.31
40 - 44	$0.77	$0.38
45 - 49	$1.10	$0.41
50 - 54	$1.68	$0.61
55 - 59	$2.49	$0.84
60 - 64	$3.78	$1.28
65 - 69	$5.46	$1.98
70 - 99	$7.86	$2.16

Voluntary: The rates above reflect the cost that you would be responsible for if you elect coverage for yourself or dependents.

Actual per pay period premiums may differ slightly due to rounding. Rates may be subject to change in the future. All spouse rates are based on the employee age.

How to Calculate Your Semi-Monthly Cost:
Step 1: Find the appropriate cost for employee and/or dependents above.
Step 2: Take the coverage amount you choose and divide it by $1,000 to get the number of units.
Step 3: Multiply the rate by your desired coverage amount in units.
Step 4: The result is the Semi-Monthly cost.

Important Definitions and Policy Provisions:

When your coverage begins – Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date.

Dependent coverage, if applicable and elected by You, will not begin unless you are actively at work on the effective date.

When your coverage ends – Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Definitions

[1] **Major Organ Failure** *means a disease of organs and tissues which causes major organs failure requiring the malfunctioning organs or tissue to be replaced under generally accepted medical procedures. The organs and tissues covered are limited to: lung, entire heart, small intestine or pancreas.*

[2] **Infectious Disease** *means a disease caused by the entry into the body of pathogenic agents or microorganisms, such as bacteria, viruses, fungi, prions, protozoa or parasites. Infectious Disease includes, but is not limited to: Anthrax; Bacterial pneumonia; Bovine spongiform encephalopathy (Mad Cow Disease); Cholera; Diphtheria; Ebola Virus Disease; Encephalitis; Enterococcus Flesh eating bacteria; Legionnaires Disease; Lyme Disease; Malaria; Meningitis; Methicillin-resistant Staphylococcus aureus (MRSA); Necrotizing Fasciitis; Osteomyelitis; Pertussis (Whooping Cough); Polio; Rabies; Rocky Mountain Spotted fever; Sepsis; Tetanus; Tuberculosis; and Typhoid Fever. Infectious Disease does not include Coronavirus (COVID-19).*

[3] **Childhood Disease and Conditions** *are only available for Dependent Child(ren) when covered.*

Guaranteed Issue: All coverage is Guaranteed Issue. If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health.

These are summarized definitions only. To be eligible for coverage, the covered illness, condition or event must meet the definitions and other terms and conditions set forth in your Certificate.

THIS POLICY PROVIDES LIMITED BENEFIT CRITICAL ILLNESS COVERAGE. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Critical Illness Insurance are set forth in Group Policy No. GCI0100559. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible covered illness, condition or event, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GBS-CI-POL-1000.00. Coverage is underwritten by New York Life Insurance and Annuity Corporation, 51 Madison Avenue New York, NY 10010.

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