

GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE



Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of this insurance. This outline of coverage is not the insurance contract and only the actual policy provisions will control. The policy and certificate set forth in detail the rights and obligations of you, the policyholder and the insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Specified disease insurance (also known as critical illness insurance) is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

THE POLICY PROVIDES LIMITED BENEFITS. This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined by federal law.

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE. If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare*, available from Mutual of Omaha or online at www.medicare.gov.

This outline of coverage describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this outline of coverage. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This outline of coverage was published on September 24, 2025.

POLICY INFORMATION

Policyholder: Azul Systems, Inc.
Policy Effective Date: November 1, 2025
Class(es): All Eligible Employees

BENEFIT AMOUNT(S)

You and your Dependents must be insured by an individual or group policy or contract that arranges or provides medical, hospital, and surgical coverage not designated to supplement other private government plans to be eligible for coverage. Payment of premium does not guarantee eligibility for coverage.

Insurance for You (The Employee)

You may elect to be insured for an amount of critical illness insurance from \$5,000 to \$20,000, in increments of \$5,000.

Your amount of critical illness insurance is also referred to as your Principal Sum.

Your Guarantee Issue Amount is \$20,000.

If you have questions regarding the amount of your critical illness insurance, you may contact the Policyholder.

Insurance for Your Spouse

Provided you have elected some amount of critical illness insurance, you may elect to have your Spouse insured for an amount of critical illness insurance from \$5,000 to \$20,000, in increments of \$5,000, provided the amount elected does not exceed 100% of your Principal Sum.

The Guarantee Issue Amount for your Spouse is \$20,000.

Insurance for Your Dependent Children

Provided you have elected some amount of critical illness insurance, the amount of critical illness insurance for your Dependent children is 25% of your Principal Sum.

Any amount of critical illness insurance for your Dependent children will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. Any amount of critical illness insurance for a Dependent child is the Dependent child's Principal Sum.

If you have questions regarding the amount of critical illness insurance for your Dependents, you may contact the Policyholder.

CRITICAL ILLNESS INSURANCE BENEFITS

Critical Illness benefits are payable if an Insured Person is Diagnosed with a covered Critical Illness. We will pay the applicable Initial Benefit amount shown in the Critical Illness Benefits Table if the diagnosis occurs on or after the policy effective date and is a covered Critical Illness as defined in the Definitions section of the Certificate. Benefit payment is subject to the definitions, limitations, exclusions, and other provisions of the Policy.

Policy Benefit Maximum

For each Insured Person, the total amount of Critical Illness benefits payable under the Policy and any Prior Plan, if applicable, is limited to 1000% of the Insured Person's Principal Sum in effect.

The Policy Benefit Maximum does not apply to Specified Skin Cancer and Additional Benefits.

CRITICAL ILLNESS BENEFITS TABLE

Critical Illness Benefits	Initial Benefit	Reoccurrence Benefit
Autoimmune Disorder		
Inflammatory Bowel Disease	25% of the Principal Sum	None
Cancer & Benign Tumor Diagnoses		
Benign Brain Tumor or Benign Spinal Cord (Intradural) Tumor	100% of the Principal Sum	100% of the Initial Benefit amount
Bone Marrow/Stem Cell Recipient	100% of the Principal Sum	100% of the Initial Benefit amount
Cancer (Invasive)	100% of the Principal Sum	100% of the Initial Benefit amount
Carcinoma in Situ (Non-Invasive Cancer)	25% of the Principal Sum	100% of the Initial Benefit amount
Specified Skin Cancer	\$500	\$500, limited to 1 reoccurrence per Calendar Year and limited to a total of 5 reoccurrences while insured under the Policy
Vascular & Pulmonary Conditions		
Acute Respiratory Distress Syndrome (ARDS)	25% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Major)	50% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Minor)	25% of the Principal Sum	100% of the Initial Benefit amount
Heart Attack (Myocardial Infarction)	100% of the Principal Sum	100% of the Initial Benefit amount
Sudden Cardiac Arrest	100% of the Principal Sum	None
Neurological Movement Disorders		
Alzheimer's Disease	100% of the Principal Sum	None
Amyotrophic Lateral Sclerosis (ALS)	100% of the Principal Sum	None
Dementia	100% of the Principal Sum	None
Multiple Sclerosis (MS)	100% of the Principal Sum	None
Parkinson's Disease	100% of the Principal Sum	None
Neurological Brain & Skull Conditions		
Bone Flap/Skull Defect	100% of the Principal Sum	100% of the Initial Benefit amount
Stroke	100% of the Principal Sum	100% of the Initial Benefit amount
Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)	10% of the Principal Sum	100% of the Initial Benefit amount
Organ Conditions		
Major Organ Failure	100% of the Principal Sum	100% of the Initial Benefit amount
End Stage Renal Failure	100% of the Principal Sum	None

ADDITIONAL BENEFITS TABLE

Additional Benefits	Benefit Amount
Health Screening Benefit	\$50

EXCLUSIONS

We will not pay benefits for any Critical Illness or Additional Benefit that:

- was not diagnosed after the Policy Effective Date;
- occurs in the course of any occupation or employment for an Insured Person with any employer for wage or profit, or for which the Insured Person is entitled to benefits under any workers' compensation or occupational disease law or receives any settlement from a workers' compensation carrier;
- result from elective or cosmetic surgery or procedures or resulting complications (this exclusion does not apply to reconstructive surgery, or to a surgery or procedure for diagnosis and treatment of an Insured Person's Critical Illness in accordance with generally accepted medical standards);
- result from an intentionally self-inflicted Injury or Sickness, or attempted suicide;
- result from an Insured Person's Participation in a Riot, commission of or attempt to commit a felony, or participation in an illegal occupation;
- occur while an Insured Person is incarcerated or imprisoned;
- result from an act of declared or undeclared war or armed aggression;
- occur while an Insured Person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable;
- any Critical Illness or Additional Benefit not included in the Certificate; or
- a Critical Illness that is Diagnosed by you or a member of your Family.

ELIGIBILITY

You must be performing the normal duties of your regular job for the Policyholder on a regular and continuous basis 24 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

If you are not eligible for insurance on the Policy Effective Date, or if you are hired after the Policy Effective Date, you become eligible for insurance the day after you complete the Eligibility Waiting Period described in the Certificate (not all certificates have an Eligibility Waiting Period).

The day on which an Employee or Dependent becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. Additional eligibility conditions apply as described in the Certificate.

You and your eligible Dependents must be insured by an individual or group policy or contract that arranges or provides medical, hospital, and surgical coverage not designated to supplement other private government plans.

WHEN INSURANCE ENDS

Insurance for an Insured Person will end on the day an Insured Person no longer satisfies the applicable eligibility conditions of the Policy or end on the day you reach the age of 65. Additional circumstances under which insurance will end are described in the Certificate.

FEATURES

Continuation of Insurance for Layoff, Leave or Furlough

You may be able to continue insurance for you and your Dependents from the day you cease to be Actively Working, subject to certain conditions.

Continuation of Insurance for Your Dependents in the Event of Your Death

Your Dependents may be able to continue insurance due to your death, subject to certain conditions.

Portability

In the event your insurance under the Policy ends, you have the right to continue insurance for you and your Dependents, subject to certain conditions.

PREMIUMS

The premium for insurance under the Policy is a monthly rate that applies to you and your Dependents.

You are responsible for the payment of premium for insurance under the Policy. The premium owed by you equals the total premium for all Insured Persons.

Premiums will be automatically deducted from your paychecks by the Policyholder, then remitted to us, as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your paycheck deductions.

Payment of premium does not guarantee eligibility for insurance. Contact the Policyholder or your benefits administrator for additional information about the current premium rate structure for the Policy.

Premium Changes

Premium amounts will change if:

- a) you reach the age of the next higher age band in the premium rate structure for the Policy;
- b) premium rates under the Policy change.

If there is a change in the amount of the premium for insurance for any Insured Person, the Policyholder will provide you with notice of the change at least 15 days prior to the date of the change if you are responsible for the payment of premium for insurance.

**THIS OUTLINE IS JUST A SUMMARY OF YOUR COVERAGE.
PLEASE REFER TO YOUR CERTIFICATE FOR ALL CRITICAL ILLNESS COVERAGE PROVISIONS.**