Policyholder: Leon Capital Group

Group critical illness insurance

Policy anniversary: January 1

The benefits shown below are the benefits available as of 02/18/2026

What's available to me?

Help cover some of the expenses associated with a serious illness with critical illness coverage. If you're diagnosed with a specific critical illness while covered under a Principal plan, you'll receive a lump-sum benefit you can use however you need to.

Features	ACTIVE MEMBERS	Details
Your benefit (increment / maximum)	$5,000 / $30,000	Select a benefit based on the increment amount and up to the maximum.
Your guarantee issue[1]	$30,000	Amount of coverage you may buy without providing health information.
Spouse benefit	$2,500 / $15,000	Select a benefit for your spouse based on the increment amount and up to the maximum (up to 50% of your benefit).
Spouse guarantee issue[1]	$15,000	Amount of coverage you may buy without providing health information.
Child(ren)	25% of your benefit	Your eligible children up to age 26 are automatically covered.

[1]Amount of coverage you may buy without providing health information.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase coverage up to the guaranteed issue amount within 31 days without having to provide health information.
  - You may enroll or increase coverage for yourself or your spouse if it's more than 31 days after becoming eligible for coverage only during the open enrollment period.
- If you're covered, you may buy coverage for your spouse, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

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Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse will require health information.

May I increase my benefit later?

- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase coverage up to the guaranteed issue amount within 31 days without having to provide health information.
- You may enroll or increase coverage for yourself or your spouse if it's more than 31 days after becoming eligible for coverage only during the open enrollment period.

Benefits payable		
To qualify for a benefit under this policy, the definition of the incurred critical illness must be satisfied. For diseases covered under the infectious disease benefit, the covered person must be confined to a hospital for at least 3 days.		
Covered conditions	**% of benefit for 1st occurrence**	**% of benefit for additional occurrences**
Alzheimer's disease	100%	0%
Amyotrophic lateral sclerosis	100%	0%
Benign brain tumor	100%	0%
Carcinoma in situ	25%	25%
Coma	100%	0%
Coronary artery disease	25%	25%
Heart attack	100%	100%
Invasive cancer	100%	100%
Loss of hearing	100%	0%
Loss of sight	100%	0%
Loss of speech	100%	0%
Major organ failure	100%	100%
Multiple sclerosis	100%	0%
Occupational infectious disease	100%	0%
Paralysis	100%	0%
Parkinson's disease	100%	0%
Skin cancer	$250	$0
Stroke	100%	100%
Infectious disease benefit		
COVID-19	25%	25%

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Diphtheria	25%	25%
Encephalitis	25%	25%
Legionnaire's disease	25%	25%
Lyme disease	25%	25%
Malaria	25%	25%
Meningitis	25%	25%
Methicillin-resistant staphylococcus aureus (MRSA)	25%	25%
Necrotizing fasciitis	25%	25%
Osteomyelitis	25%	25%
Poliomyelitis	25%	25%
Rabies	25%	25%
Sepsis	25%	25%
Tetanus	25%	25%
Tuberculosis	25%	25%
Mental health benefit		
Bipolar I disorder	25%	0%
Post traumatic stress disorder (PTSD)	25%	0%
Schizophrenia	25%	0%
Family care benefit		
Complications of pregnancy	25%	25%
Infertility	25%	0%
Childhood conditions		
Cerebral palsy	100%	0%
Cleft lip / palate	100%	0%
Cystic fibrosis	100%	0%
Down syndrome	100%	0%
Muscular dystrophy	100%	0%
Spina bifida	100%	0%
For diseases covered under the infectious disease benefit, the insured must be confined to a hospital for at least 3 days.		

This benefit summary is a summary only. For a complete list of benefit information and limitations, please refer to your booklet.

What if I've already had a covered illness (referred to as a preexisting condition)?

You may qualify for a benefit if you haven't been treated for this illness (including being seen by a doctor) in the 6 months prior to your coverage effective date or you've had coverage for 12 consecutive months.

I've already received a benefit. Can I receive another benefit?

- Is it a different illness? You may receive a benefit if you're diagnosed more than 12 months after your prior illness.
- Is it an additional occurrence of the same illness? You may receive an additional benefit for carcinoma in situ, coronary artery disease, heart attack, invasive cancer, major organ failure and stroke if you're diagnosed more than 12 months after your prior illness and you've been treatment-free for 12 consecutive months.

What are the limitations and exclusions of my coverage?

There are limitations to your coverage. A complete list is included in your booklet.

What additional benefits are included?

Additional benefits	
Health screening benefit	If you or your covered dependent have a covered screening test performed, you each may receive a $50 benefit, once per calendar year. Make sure to file your claim within a year of the date of service.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

This is a summary of group Critical illness coverage insured by or with administrative services provided by Principal Life Insurance Company®. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations, and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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