



Offered by Life Insurance Company of North America, a Cigna company

Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Critical Illness insurance provides a benefit when a Covered Person is diagnosed with a covered Critical Illness or event after coverage is in effect.

Who Can Elect Coverage?:

You: All active, full-time Employees of the Employer regularly working a minimum of 20 hours per week, who are United States citizens and permanent resident aliens, regularly working in the United States and Puerto Rico. Washington Residents are excluded.

You will be eligible for coverage the first of the month following date of hire.

Your Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.

Your Child(ren): Is eligible as long as you apply for and are approved for coverage yourself.

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partnerships. Please call 855-799-1874 to speak to a Cigna representative should you have further questions.

Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, exclusions and limitations applicable to these benefits.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$15,000	Up to \$15,000
Spouse	50% of employee amount	Up to \$7,500
Children	25% of employee amount	All guaranteed issue

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

Covered Illnesses and Events		Benefit Amount %
Invasive Cancer	Uncontrolled/abnormal growth or spread of invasive malignant cells.	100%
Heart Attack	Includes two of the following that cause permanent loss of heart contraction function: 1) Chest pains. 2) EKG changes 3) Biochemical markers of heart tissue death.	100%
Stroke	Cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging with neurological deficits lasting 30 days or more.	100%
Kidney Failure	Chronic, irreversible. Requires hemo—or peritoneal dialysis.	100%
Major Organ Transplant	Includes: liver, lung, pancreas, kidney, or heart. Happens on first hospitalized day for surgery.	100%
Amyotrophic Lateral Sclerosis	(Also known as Lou Gehrig's Disease) motor neuron disease resulting in muscular weakness and atrophy.	100%
Paralysis	Complete, permanent loss of use of two or more limbs.	100%
Blindness	Irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less.	100%
Coronary Artery Disease (Surgery)	Heart disease/angina requiring coronary artery bypass surgery, as indicated by angiographic test results.	25%*
Carcinoma in Situ	Non-invasive malignant tumor.	25%*

* If less than 100% of the benefit amount is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.

Additional Benefits

Additional Critical Illness Benefit Benefit for the diagnosis of a subsequent and different covered condition. Payable after a 6 month Separation Period from diagnosis of 1st covered illness.

Recurrence Benefit Benefit for the diagnosis of a subsequent and same covered condition. Payable after a 12 month Separation Period from diagnosis of previous covered illness.

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100.

Integration Services: The following Integration Services are included with your coverage:

- **Clinical Program Referrals** – Leveraging authorized medical information to make referrals to suitable wellness programs.
- **Proactive Coverage Review** – Reminder of critical illness coverage if a claim is filed for other Cigna coverages.

Monthly Cost of Coverage: Benefit Amount: \$15,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<29	\$4.25	\$6.83	\$6.54	\$10.61	\$4.67	\$7.25	\$6.96	\$11.03
30 to 39	\$8.66	\$16.32	\$13.53	\$25.61	\$9.09	\$16.76	\$13.97	\$26.04
40 to 49	\$18.38	\$35.49	\$28.88	\$55.77	\$18.81	\$35.91	\$29.30	\$56.19
50 to 59	\$35.55	\$65.04	\$55.92	\$102.11	\$35.97	\$65.46	\$56.34	\$102.54
60 to 69	\$58.80	\$98.36	\$92.39	\$154.14	\$59.22	\$98.78	\$92.81	\$154.56
70 to 79	\$68.51	\$99.05	\$107.19	\$154.67	\$68.93	\$99.47	\$107.61	\$155.10
80 to 89	\$73.43	\$99.06	\$114.56	\$154.37	\$73.86	\$99.48	\$114.98	\$154.80
90+	\$73.43	\$99.06	\$114.56	\$154.37	\$73.86	\$99.48	\$114.98	\$154.80

Important Definitions and Policy Provisions:

Covered Person: An eligible person who is enrolled for coverage under this Policy.

Covered Loss: A loss that is one of the Covered Conditions suffered by the Covered Person within the applicable time period described in the Policy.

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, the date you authorize any necessary payroll deductions, or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents 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. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

30 Day Right To Examine Certificate: If an insured person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Reductions, Exclusions and Limitations:

Age Based Reductions: Critical Illness Benefit(s) for the insured person will reduce to 50% at Age 75.

Benefit Limits: No more than one Benefit Amount will ever be paid per Covered Person (unless Additional Critical Illness Benefit or Recurrence coverage is also provided).

Exclusions: In addition to any benefit-specific exclusions, benefits will not be paid for any covered Critical Illness that is caused directly or indirectly, in whole or in part by any of the following: intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane; commission or attempt to commit a felony or an assault; declared or undeclared war or act of war; a covered Critical Illness that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days); voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant ("Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred).

Specific Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied.

- **Invasive Cancer:** Excludes: skin cancers, unless metastatic disease develops.
- **Stroke:** Excludes: TIAs, brain injury from trauma/hypoxia/anoxia or hypotension, or eye and ear diseases/disorders.

Specific Benefit Exclusions and Limitations — continued

- **Major Organ Transplant:** Limit: one benefit for multi-organ transplants.
- **Coronary Artery Disease (Surgery):** Excludes: angioplasty, stent implants, or related procedures. Limit: paid once per lifetime per Covered Person.
- **Carcinoma in Situ:** Excludes: skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ). Limit: paid once per lifetime per Covered Person.
- **Additional Critical Illness Benefit:** Limit: No more than one Benefit Amount and one Additional Benefit Amount will ever be paid per Covered Person; benefits for Coronary Artery Disease and Carcinoma in Situ are limited to once per lifetime per Covered Person. Unless otherwise stated, no benefits will be paid for a Covered Critical Illness that occurs during the Separation Period.
- **Recurrence Benefit:** Excludes: Invasive Cancer, Carcinoma in Situ, and Coronary Artery Disease.

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 evidence of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable evidence of good health. If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable evidence of good health. Benefits may reduce by age.

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

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE. THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Location: MD

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI 960302. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, costs, benefits, riders, covered conditions 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 GCI-00-1000. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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