

CRITICAL ILLNESS INSURANCE for the Employees of Cigna Companies

Offered by Life Insurance Company of North America

Eligibility	<p>You — If you are a regular full-time employee of a participating Cigna company, a regular part-time employee of a participating Cigna company regularly scheduled to work at least 28 hours each week who is working in the United States, the District of Columbia, Puerto Rico, Guam or the Virgin Islands or are designated by the Plan Administrator as an eligible U.S. expatriate; or a part-time employee of a participating Cigna company regularly scheduled to work at least 24 hours, but less than 28 hours per week as of December 31, 2013 who remain continuously employed, excluding hourly, casual, interns and other employees of a participating Cigna company not classified as regularly full-time or part-time in the Cigna personnel records. A U.S. expatriate is defined as a citizen of the United States working outside of the United States. You will be eligible to elect coverage for yourself and your dependents with no waiting period.</p> <p>Your Spouse* — Is eligible provided that you apply for and are approved for coverage yourself.</p> <p>Your Unmarried Children — Under age 26 provided that you apply for and are approved for coverage yourself.</p> <p>No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a spouse or child.</p> <p><small>* Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner and Domestic Partners registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.</small></p>		
How Much Coverage Can You Buy?	<p>You — Select one from the benefit amounts of \$5,000, \$10,000, \$15,000.</p> <p>Your Spouse — Is 50% of the employee benefit amount.</p> <p>Your Unmarried Children — Is 25% of the employee benefit amount.</p>		
Guaranteed Issue Coverage	<p>This guaranteed issue coverage opportunity is available to you and your spouse during your open enrollment period. You may elect \$15,000 of coverage for yourself without providing medical evidence of good health. Pre-existing condition limitations apply. (see below Exclusions & Limitations)</p>		
Covered Conditions and Benefit Amount Percentage	Covered Conditions	Benefit Amount %	
	Invasive Cancer - uncontrolled/abnormal growth or spread of invasive malignant cells (not including skin cancers, unless metastatic disease develops)	100%	
	Heart Attack - a clinical event which has at least 2 of the following 3: a) chest pain, b) EKG changes, c) biochemical markers of heart tissue death, that results in permanent functional loss of heart contraction	100%	
	Stroke - cerebrovascular event (e.g. cerebral hemorrhage) confirmed by neuroimaging with neurological deficits lasting 30 days or more (not including TIAs, brain injury from trauma/hypoxia/anoxia or hypotension, or disease/disorders of the eyes or ears)	100%	
	Renal (Kidney) Failure - chronic irreversible kidney failure requiring hemodialysis or peritoneal dialysis	100%	
	Major Organ Transplant - surgical transplant of human-donor organ (liver, lung, pancreas, kidney or heart only) upon first hospitalized day for surgery (1 benefit payable for multi-organ transplants)	100%	
	Paralysis - complete and permanent loss of use of 2 or more limbs	100%	
	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) - motor neuron disease resulting in muscular weakness and atrophy	100%	
	Blindness - irreversible reduction of sight (both eyes) with 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. (Not including angioplasty, stent implants or related procedures)	25%*	
	Carcinoma in Situ - non-invasive malignant tumor (Not including skin cancers - basal or squamous cell carcinoma or melanoma/melanoma in situ)	25%*	
	<p>* 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.</p> <p><i>Please refer to your policy materials for complete definitions for conditions.</i></p>		

Other Plan Features	Additional Critical Illness Benefit Provides an additional benefit amount equal to the benefit amount for the diagnosis of a <u>subsequent and different</u> covered condition. The Additional Critical Illness Benefit will be payable after 100% of the initial benefit amount has been paid and the subsequent and different Critical Illness is diagnosed 180 days (i.e. a separation period) from the date of diagnosis of the last Critical Illness payable under the initial benefit amount.
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How Much Your Coverage Will Cost	Benefit Amount Biweekly Premiums – Non-Tobacco User						
	Employee Only			Employee + Spouse			
	Age	\$5,000	\$10,000	\$15,000	\$5,000	\$10,000	\$15,000
	0-29	\$0.37	\$0.74	\$1.10	\$0.60	\$1.20	\$1.81
	30-39	\$0.78	\$1.56	\$2.35	\$1.30	\$2.60	\$3.90
	40-49	\$2.02	\$4.05	\$6.07	\$3.32	\$6.65	\$9.97
	50-59	\$4.28	\$8.56	\$12.83	\$7.54	\$15.08	\$22.62
	60-69	\$8.58	\$17.16	\$25.73	\$15.66	\$31.31	\$46.97
	70-79	\$17.57	\$35.14	\$52.71	\$29.70	\$59.40	\$89.10
	80+	\$18.88	\$37.76	\$56.64	\$41.86	\$83.73	\$125.59
	Employee + Child(ren)			Employee + Family			
	Age	\$5,000	\$10,000	\$15,000	\$5,000	\$10,000	\$15,000
	0-29	\$0.44	\$0.87	\$1.31	\$0.67	\$1.35	\$2.02
	30-39	\$0.85	\$1.70	\$2.55	\$1.35	\$2.70	\$4.05
	40-49	\$2.07	\$4.14	\$6.21	\$3.40	\$6.79	\$10.19
	50-59	\$4.32	\$8.65	\$12.97	\$7.61	\$15.22	\$22.84
	60-69	\$8.65	\$17.29	\$25.94	\$15.71	\$31.41	\$47.12
	70-79	\$17.64	\$35.28	\$52.92	\$29.77	\$59.54	\$89.32
	80+	\$18.93	\$37.86	\$56.78	\$41.94	\$83.87	\$125.81
	Benefit Amount Biweekly Premiums – Tobacco User						
	Employee Only			Employee + Spouse			
	Age	\$5,000	\$10,000	\$15,000	\$5,000	\$10,000	\$15,000
	0-29	\$0.51	\$1.01	\$1.52	\$0.84	\$1.69	\$2.53
30-39	\$1.40	\$2.81	\$4.21	\$2.26	\$4.53	\$6.79	
40-49	\$4.00	\$8.00	\$12.01	\$6.67	\$13.34	\$20.02	
50-59	\$8.53	\$17.06	\$25.60	\$14.93	\$29.87	\$44.80	
60-69	\$15.66	\$31.32	\$46.99	\$27.99	\$55.98	\$83.97	
70-79	\$27.09	\$54.18	\$81.28	\$45.65	\$91.29	\$136.94	
80+	\$27.55	\$55.10	\$82.66	\$56.70	\$113.41	\$170.11	
Employee + Child(ren)			Employee + Family				
Age	\$5,000	\$10,000	\$15,000	\$5,000	\$10,000	\$15,000	
0-29	\$0.57	\$1.15	\$1.72	\$0.92	\$1.83	\$2.75	
30-39	\$1.47	\$2.94	\$4.42	\$2.34	\$4.67	\$7.01	
40-49	\$4.07	\$8.14	\$12.21	\$6.74	\$13.49	\$20.23	
50-59	\$8.58	\$17.16	\$25.73	\$14.98	\$29.97	\$44.95	
60-69	\$15.71	\$31.42	\$47.12	\$28.06	\$56.12	\$84.19	
70-79	\$27.14	\$54.28	\$81.41	\$45.72	\$91.44	\$137.16	
80+	\$27.60	\$55.20	\$82.79	\$56.77	\$113.55	\$170.32	
<i>Costs are subject to change. Total contribution amounts may differ slightly due to rounding calculations.</i>							

<p>Exclusions and Limitations</p>	<p>Benefit Waiting Period: 30 days following the coverage effective date. Unless otherwise stated, no benefits will be paid for a covered loss which occurs during this time period.</p> <p>The total amount of all new Cigna group Critical Illness coverage cannot exceed \$15,000.</p> <p>In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section:</p> <ul style="list-style-type: none"> • 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 Loss 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. <p>Pre-Existing Condition Limitation</p> <p>We will not pay benefits for a Covered Loss caused or contributed to by, or resulting from, a Pre-existing Condition. The term "Pre-existing Condition" means any Sickness or Injury for which a Covered Person received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or medicines or for which a reasonable person would have consulted a Physician within 3 months before the Covered Person's most recent effective date of insurance, and the most recent effective date of any added or increased amount of insurance.</p> <p>The Pre-Existing Condition Limitation will apply to any added benefits or increases in benefits. This Limitation will not apply to a Covered Loss for which the Date of Diagnosis occurs after the Covered Person is insured under this Policy for at least 12 months after the Covered Person's most recent effective date of insurance, and effective date of any added or increased amount of insurance.</p>
<p>When Your Coverage Begins and Ends</p>	<p>Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. 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 hospitalized or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician. Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premiums are paid.</p> <p>For your spouse and children, coverage ends when your coverage ends, when their premiums are not paid or when they are no longer eligible.</p> <p>30 Day Right To Examine Certificate</p> <p>If a Covered Person is not satisfied with the Certificate 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.</p> <p>Portability Feature – This plan allows you to continue all of your in force voluntary coverage at the time you leave your employer. Spouse and Dependent Child coverage may also be continued when you elect to continue your coverage. Coverage under this feature may be continued up to age 100. This feature requires that you are under age 70 at the time you chose to continue coverage. Rates may change under the terms of the policy. Just make arrangements to pay your premiums directly to the insurance company after you leave your current employer.</p>
<p>Apply Today</p>	<p>For more information, please call 1-800-754-3207 toll-free during weekdays from 8 a.m. to 8 p.m. Eastern time. To enroll, log in to www.cigna.com/healthylife.</p>
<p>Payroll Deduction</p>	<p>Premiums are paid through payroll deduction.</p>

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 HEALTH INSURANCE. *This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. CI-960046, on Policy Form GCI-00-1000, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Finance, Insurance and Real Estate Industry. If there are any differences between this summary and the group policy, the information in the group policy shall prevail. The group policy is subject to the laws of the jurisdiction in which it is issued. Product availability and terms of coverage may vary by state. Rates are subject to change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA 19192.*



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