



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

## Employee-Paid CRITICAL ILLNESS INSURANCE

### SUMMARY OF BENEFITS

Prepared for: CIGNA COMPANIES

**Critical Illness insurance provides a benefit when a Covered Person is diagnosed with a covered Critical Illness after coverage is in effect. See State Variations (marked by \*) below.**

#### Who Can Elect Coverage:

**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, excluding employees residing in the state of Washington. 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.

You will be eligible for coverage immediately.

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

**Your Child(ren):** Birth to 26, as long as you apply for and are approved for coverage yourself.

#### 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, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000, \$10,000, \$15,000	Up to \$15,000
Spouse	50% of employee amount	Up to \$7,500
Children	25% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Critical 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%*

## Covered Critical Illnesses and Events

\* 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.

**Portability Feature:** You 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. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

### Bi-Weekly Cost of Coverage:

#### Benefit Amount: \$5,000

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	\$0.37	\$0.51	\$0.60	\$0.85	\$0.44	\$0.58	\$0.68	\$0.92
30 to 39	\$0.78	\$1.41	\$1.30	\$2.27	\$0.85	\$1.47	\$1.35	\$2.34
40 to 49	\$2.03	\$4.00	\$3.33	\$6.67	\$2.07	\$4.07	\$3.40	\$6.75
50 to 59	\$4.28	\$8.53	\$7.54	\$14.94	\$4.33	\$8.58	\$7.61	\$14.99
60 to 69	\$8.58	\$15.66	\$15.66	\$27.99	\$8.65	\$15.71	\$15.71	\$28.06
70 to 79	\$17.57	\$27.09	\$29.70	\$45.65	\$17.64	\$27.14	\$29.77	\$45.72
80 to 89	\$18.88	\$27.55	\$41.87	\$56.71	\$18.93	\$27.60	\$41.94	\$56.78
90+	\$18.88	\$27.55	\$41.87	\$56.71	\$18.93	\$27.60	\$41.94	\$56.78

#### Benefit Amount: \$10,000

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	\$0.74	\$1.01	\$1.20	\$1.69	\$0.87	\$1.15	\$1.35	\$1.83
30 to 39	\$1.56	\$2.81	\$2.60	\$4.53	\$1.70	\$2.94	\$2.70	\$4.67
40 to 49	\$4.05	\$8.00	\$6.65	\$13.34	\$4.14	\$8.14	\$6.79	\$13.49
50 to 59	\$8.56	\$17.06	\$15.08	\$29.87	\$8.65	\$17.16	\$15.22	\$29.97
60 to 69	\$17.16	\$31.32	\$31.31	\$55.98	\$17.29	\$31.42	\$31.41	\$56.12
70 to 79	\$35.14	\$54.18	\$59.40	\$91.29	\$35.28	\$54.28	\$59.54	\$91.44
80 to 89	\$37.76	\$55.10	\$83.73	\$113.41	\$37.86	\$55.20	\$83.87	\$113.55
90+	\$37.76	\$55.10	\$83.73	\$113.41	\$37.86	\$55.20	\$83.87	\$113.55

#### 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	\$1.11	\$1.52	\$1.80	\$2.54	\$1.31	\$1.73	\$2.03	\$2.75
30 to 39	\$2.34	\$4.22	\$3.90	\$6.80	\$2.55	\$4.41	\$4.05	\$7.01
40 to 49	\$6.08	\$12.00	\$9.98	\$20.01	\$6.21	\$12.21	\$10.19	\$20.24
50 to 59	\$12.84	\$25.59	\$22.62	\$44.81	\$12.98	\$25.74	\$22.83	\$44.96
60 to 69	\$25.74	\$46.98	\$46.97	\$83.97	\$25.94	\$47.13	\$47.12	\$84.18
70 to 79	\$52.71	\$81.27	\$89.10	\$136.94	\$52.92	\$81.42	\$89.31	\$137.16
80 to 89	\$56.64	\$82.65	\$125.60	\$170.12	\$56.79	\$82.80	\$125.81	\$170.33
90+	\$56.64	\$82.65	\$125.60	\$170.12	\$56.79	\$82.80	\$125.81	\$170.33

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

## Important Definitions and Policy Provisions:

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

**Covered Loss:** A loss that is specified in the Policy in the Schedule of Benefits section and 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 or your employer 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. Coverage for all Covered Persons will not begin on the effective date if the Covered Person is confined to a hospital, facility or at home, disabled or receiving disability benefits or unable to perform activities of daily living.

**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. Be sure to read the provisions in your Certificate about when coverage may continue.)

**30 Day Right To Examine Certificate:** If a Covered 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, Common Exclusions and Limitations:

**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).

**Pre-Existing Condition Limitation:** In addition to any benefit-specific limitations, we will not pay benefits for a covered Critical Illness caused or contributed to by, or resulting from, a Pre-existing Condition. The term "Pre-existing Condition" means any sickness or injury for which an 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.

The Pre-Existing Condition Limitation will apply to any added benefits or increases in benefits. This Limitation will not apply to a covered Critical Illness 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.

**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.

- **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.
- **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.

## Guaranteed Issue:

If you are a new hire you are not required to provide evidence of good health if you enroll during your employer's eligibility waiting period and you choose an amount of coverage up to and including the Guaranteed Issue Amount. 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. Guaranteed Issue coverage may be available at other specified periods of time. Your employer will notify you when these periods of time are available. Pre-existing condition limitations may apply. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

## \*State Variations

Spouse definition includes civil union for employees residing in Vermont. **Additional Critical Illness Benefit**, there is no separation period for CT residents. **Portability** not available to VT residents. **Pre-existing Condition Limitation**, differs in CA, CT, ND, NM and SC. **Exclusions** may vary for residents of CT, MN, SC, SD, and WA.

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI 960046. 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.