

**Life Insurance Company of North America  
1601 Chestnut Street  
Philadelphia, Pennsylvania 19192-2235**

**IMPORTANT INFORMATION ABOUT  
THE COVERAGE YOU ARE BEING OFFERED**

Save this Statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits. This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

This disclosure provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Life Insurance Company of North America.

This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage you may have.

**CAUTION:** If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

The benefits under this policy are summarized below:

**GROUP HOSPITAL INDEMNITY COVERAGE**

**THIS IS A LIMITED POLICY. READ IT CAREFULLY. THIS IS A GROUP HOSPITAL INDEMNITY INSURANCE POLICY. BENEFITS PROVIDED ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT (ACA).**



Offered by Life Insurance Company of North America (a Cigna company)

Employee-Paid

# HOSPITAL CARE COVERAGE – SUMMARY OF BENEFITS

Group Hospital Indemnity

Prepared for: Cigna Corporation  
Class 3

Hospital Care coverage provides a fixed benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness.

### Who Can Elect Coverage?

**You:** A regular full-time Employees of participating Cigna company regular part-time Employee of a participating Cigna company regularly scheduled to work at least 28 hours each week who are residing in the state of Washington, excluding hourly, casual, interns and other Employees of a participating Cigna company not classified as a regular full-time or part-time in the Cigna personnel records.

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

**Your Dependent Child(ren):** Birth to 26, 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 Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Your Spouse must be age 18 or older to apply if evidence of insurability is required. Additional information is available from your Benefit Services Representative.*

### Schedule of Benefits

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 the terms, conditions, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

**Benefit Waiting Period:** None

Hospitalization Benefits	Plan 1
<b>Hospital Admission</b> No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$1,250 per day
<b>Hospital Chronic Condition Admission</b> No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50 per day
<b>Hospital Stay</b> No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$100 per day
<b>Hospital Intensive Care Unit (ICU) Stay</b> No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200 per day
<b>Hospital Observation Stay</b> 1 hour Elimination Period. Limited to 72 hours.	\$100 per 24-hour period

### Employee's Cost of Coverage:

Tier	Bi-Weekly Rates	Monthly Rates
<b>Employee</b>	\$5.03	\$10.89
<b>Employee &amp; Spouse</b>	\$9.54	\$20.67
<b>Employee &amp; Child(ren)</b>	\$9.23	\$19.99
<b>Employee &amp; Family</b>	\$14.74	\$31.95

Costs are subject to change, and may be different if certain benefits or riders are not available in certain resident states.

**NOTE: The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.**

**Benefit Amounts Payable:** Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants will require medical evidence of insurability.

### **Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):**

- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness.
- **Hospital Chronic Condition Admission:** Must be admitted as an Inpatient due to a covered chronic condition and treatment for the covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
- **Hospital Stay:** Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.
- **Hospital Observation Stay:** Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 23 hours following the 1 hour elimination period, on a non-Inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

### **Common Exclusions and Limitations:**

**Exclusions:** In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Illness which, directly or indirectly, in whole or in part, is caused by or results from any of the following (unless otherwise provided for in the policy):

- (1) intentionally self-inflicted injury, suicide or any attempt threat while sane or insane;
- (2) commission or attempt to commit a felony or an assault;
- (3) declared or undeclared war or act of war;
- (4) a Covered Injury or Covered Illness that occurs while on 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;
- Those not necessary, as determined by Us in accordance with generally accepted standards of medical practice, for the diagnosis, care or treatment of the physical or mental condition involved. This applies even if they are prescribed, recommended, or approved by the attending physician.
- Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect.
- dental surgery, unless the surgery is the result of an accidental injury;
- In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is:
  - employed or retained by the Subscriber;
  - providing homeopathic, aroma-therapeutic or herbal therapeutic services;
  - living in the Covered Person's household;
  - a parent, sibling, spouse or child of the Covered Person;

### **Important Definitions:**

**Covered Illness:** A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.

**Covered Injury:** Any bodily harm that results directly and independently of all other causes and results in a covered loss.

**Covered Person:** An eligible person, as defined in the Schedule of Benefits, who is enrolled and for whom Evidence of Insurability, where required, has been accepted by Us, required premium has been paid when due, and coverage under this Policy remains in force.

**Elimination Period:** The continuous period of time that must be satisfied before a benefit shown in the Schedule of Benefits is payable. An Elimination Period may be satisfied during the Policy's Benefit Waiting Period.

**Hospital:** an institution that is licensed as a hospital pursuant to applicable law; primarily and it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of physicians; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addicts or alcoholics; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

**Inpatient:** A Covered Person who is charged, billed and confined for at least one full day's Hospital room and board.

### Policy Provisions:

**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, or the date you authorize any necessary payroll deduction, or if evidence of insurability is required, after we have approved the Covered Person for coverage in writing. Your coverage will not begin unless you are actively at work on the effective date. Spouse and Dependent Child(ren) coverage will not begin for any Spouse or Dependent Child(ren) that 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 for any Covered Person ends on the earliest of the date they 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 Spouse and Dependent Child(ren), 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.)

**Portability Feature:** You, Your Spouse/Your Child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100.

**30 Day Right To Examine Certificate:** 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.

**This Summary of Benefits is applicable to the following Employee Classes: 003.**

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 is not intended as a complete description of the insurance coverage offered. This is not a contract. Full terms and conditions of coverage are defined by and governed by Group Policy No. HC960010. 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 and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on policy form number GHIP-00-1000.WA Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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