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Employee-Paid

## CRITICAL ILLNESS INSURANCE

### SUMMARY OF BENEFITS

Prepared for: National Jewish Health

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

#### Who Can Elect Coverage:

**Eligibility for You, Your Spouse and Your Children will be considered by Your employer.**

**You:** All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States.

You will be eligible for coverage on the first of the month following date of hire or Active Service

**Your Spouse/Domestic Partner:** Up to age 100, as long as you apply for and are approved for coverage yourself.

**Your Child(ren):** Birth to age 26; 26+ if disabled, are automatically enrolled as long as you apply for and are approved for coverage yourself.

#### Available Coverage:

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

For the Recurrence benefit to be available, the Covered Person must be treatment free and a Physician has determined that there is no evidence of active disease.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$10,000, \$20,000, \$30,000, \$40,000	Up to \$40,000
Spouse	50% of employee amount	Up to \$15,000
Children	50% of employee amount, including Childhood Conditions.	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
<b>Cancer Conditions</b>	
Skin Cancer*	\$500 1x per lifetime
Second Opinion Cancer	\$500 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
<b>Vascular Conditions</b>		
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
<b><u>Nervous System Conditions</u></b>		
Advanced Stage Alzheimer's Disease	100%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	100%	Not Available
Multiple Sclerosis	100%	Not Available
<b><u>Infectious Conditions</u></b>		
Bacterial Meningitis	25%	25%
Malaria	25%	25%
Tuberculosis	25%	25%
Necrotizing Fasciitis	25%	25%
Osteomyelitis	25%	25%
<b><u>Childhood Conditions*</u></b>		
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	Not Available
Muscular Dystrophy	100%	Not Available
Poliomyelitis	100%	Not Available
<b><u>Other Specified Conditions</u></b>		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	100%	100%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%
<b><u>Occupational Conditions</u></b>		
Occupational Hepatitis-B	100%	100%
Occupational Hepatitis-C	100%	100%
Occupational HIV*	100%	Not Available

For Childhood Conditions please refer to the beginning of the Available Coverage section above for details on how much coverage is available for covered children.

Wellness Treatment, Health Screening Test and Preventive Care Benefit*	Benefit Amount
The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. <i>Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</i>	\$50 1 per year

Benefits	
<b>Initial Critical Illness Benefit</b>	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person.
<b>Recurrence Benefit</b>	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid.
<b>Skin Cancer Benefit and Second Opinion</b>	Pays benefit stated above.

## Additional Benefits

### Hospital Indemnity\* - Behavioral Health Hospitalization Admission

#### Only Benefit:

Pays when a Covered Person is confined to a hospital due to covered Behavioral Health Condition.

Behavioral Health Admission: \$3000 per admission  
(Limited to 1 benefit every 365 days)

**Portability Feature:** You can continue 100% of coverage for all Covered Persons at the time Your coverage ends. You must be covered under the policy and be under the age of 100 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.

### Employee's Semi-Monthly Cost of Coverage:

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

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$2.21	\$2.54	\$0.36	\$0.42	\$2.21	\$2.54	\$3.61	\$4.14
25 to 29	\$2.35	\$2.91	\$0.39	\$0.48	\$2.35	\$2.91	\$3.85	\$4.73
30 to 34	\$3.09	\$4.18	\$0.49	\$0.65	\$3.09	\$4.18	\$4.87	\$6.51
35 to 39	\$4.20	\$6.53	\$0.65	\$0.99	\$4.20	\$6.53	\$6.43	\$9.92
40 to 44	\$5.18	\$8.61	\$0.80	\$1.31	\$5.18	\$8.61	\$7.98	\$13.09
45 to 49	\$7.10	\$12.67	\$1.10	\$1.95	\$7.10	\$12.67	\$10.99	\$19.52
50 to 54	\$9.43	\$17.23	\$1.51	\$2.72	\$9.43	\$17.23	\$15.09	\$27.17
55 to 59	\$12.61	\$22.69	\$2.07	\$3.67	\$12.61	\$22.69	\$20.64	\$36.71
60 to 64	\$15.61	\$27.27	\$2.62	\$4.50	\$15.61	\$27.27	\$26.17	\$45.01
65 to 69	\$19.54	\$32.95	\$3.23	\$5.28	\$19.54	\$32.95	\$32.26	\$52.77
70 to 74	\$28.18	\$44.67	\$4.58	\$7.11	\$28.18	\$44.67	\$45.77	\$71.08
75 to 79	\$35.22	\$53.48	\$6.15	\$8.79	\$35.22	\$53.48	\$61.51	\$87.85
80 to 84	\$47.87	\$69.24	\$7.96	\$11.12	\$47.87	\$69.24	\$79.54	\$111.20
85 to 89	\$70.59	\$84.95	\$11.61	\$13.81	\$70.59	\$84.95	\$116.05	\$138.06
90 to 94	\$70.59	\$84.95	\$116.05	\$138.06	\$70.59	\$84.95	\$116.05	\$138.06
95+	\$70.59	\$84.95	\$116.05	\$138.06	\$70.59	\$84.95	\$116.05	\$138.06

#### Benefit Amount: \$20,000

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$4.42	\$5.08	\$7.22	\$8.28	\$4.42	\$5.08	\$7.22	\$8.28
25 to 29	\$4.70	\$5.82	\$7.70	\$9.46	\$4.70	\$5.82	\$7.70	\$9.46
30 to 34	\$6.18	\$8.36	\$9.74	\$13.02	\$6.18	\$8.36	\$9.74	\$13.02
35 to 39	\$8.40	\$13.06	\$12.86	\$19.84	\$8.40	\$13.06	\$12.86	\$19.84
40 to 44	\$10.36	\$17.22	\$15.96	\$26.18	\$10.36	\$17.22	\$15.96	\$26.18
45 to 49	\$14.20	\$25.34	\$21.98	\$39.04	\$14.20	\$25.34	\$21.98	\$39.04
50 to 54	\$18.86	\$34.46	\$30.18	\$54.34	\$18.86	\$34.46	\$30.18	\$54.34
55 to 59	\$25.22	\$45.38	\$41.28	\$73.42	\$25.22	\$45.38	\$41.28	\$73.42
60 to 64	\$31.22	\$54.54	\$52.34	\$90.02	\$31.22	\$54.54	\$52.34	\$90.02
65 to 69	\$39.08	\$65.90	\$64.52	\$105.54	\$39.08	\$65.90	\$64.52	\$105.54
70 to 74	\$56.36	\$89.34	\$91.54	\$142.16	\$56.36	\$89.34	\$91.54	\$142.16
75 to 79	\$70.44	\$106.96	\$123.02	\$175.70	\$70.44	\$106.96	\$123.02	\$175.70
80 to 84	\$95.74	\$138.48	\$159.08	\$222.40	\$95.74	\$138.48	\$159.08	\$222.40
85 to 89	\$141.18	\$169.90	\$232.10	\$276.12	\$141.18	\$169.90	\$232.10	\$276.12
90 to 94	\$141.18	\$169.90	\$232.10	\$276.12	\$141.18	\$169.90	\$232.10	\$276.12
95+	\$141.18	\$169.90	\$232.10	\$276.12	\$141.18	\$169.90	\$232.10	\$276.12

#### Benefit Amount: \$30,000

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$6.63	\$7.62	\$10.83	\$12.42	\$6.63	\$7.62	\$10.83	\$12.42
25 to 29	\$7.05	\$8.73	\$11.55	\$14.19	\$7.05	\$8.73	\$11.55	\$14.19
30 to 34	\$9.27	\$12.54	\$14.61	\$19.53	\$9.27	\$12.54	\$14.61	\$19.53
35 to 39	\$12.60	\$19.59	\$19.29	\$29.76	\$12.60	\$19.59	\$19.29	\$29.76
40 to 44	\$15.54	\$25.83	\$23.94	\$39.27	\$15.54	\$25.83	\$23.94	\$39.27
45 to 49	\$21.30	\$38.01	\$32.97	\$58.56	\$21.30	\$38.01	\$32.97	\$58.56
50 to 54	\$28.29	\$51.69	\$45.27	\$81.51	\$28.29	\$51.69	\$45.27	\$81.51
55 to 59	\$37.83	\$68.07	\$61.92	\$110.13	\$37.83	\$68.07	\$61.92	\$110.13
60 to 64	\$46.83	\$81.81	\$78.51	\$135.03	\$46.83	\$81.81	\$78.51	\$135.03
65 to 69	\$58.62	\$98.85	\$96.78	\$158.31	\$58.62	\$98.85	\$96.78	\$158.31
70 to 74	\$84.54	\$134.01	\$137.31	\$213.24	\$84.54	\$134.01	\$137.31	\$213.24
75 to 79	\$105.66	\$160.44	\$184.53	\$263.55	\$105.66	\$160.44	\$184.53	\$263.55
80 to 84	\$143.61	\$207.72	\$238.62	\$333.60	\$143.61	\$207.72	\$238.62	\$333.60
85 to 89	\$211.77	\$254.85	\$348.15	\$414.18	\$211.77	\$254.85	\$348.15	\$414.18
90 to 94	\$211.77	\$254.85	\$348.15	\$414.18	\$211.77	\$254.85	\$348.15	\$414.18
95+	\$211.77	\$254.85	\$348.15	\$414.18	\$211.77	\$254.85	\$348.15	\$414.18

**Benefit Amount: \$40,000**

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$8.84	\$10.16	\$14.44	\$16.56	\$8.84	\$10.16	\$14.44	\$16.56
25 to 29	\$9.40	\$11.64	\$15.40	\$18.92	\$9.40	\$11.64	\$15.40	\$18.92
30 to 34	\$12.36	\$16.72	\$19.48	\$26.04	\$12.36	\$16.72	\$19.48	\$26.04
35 to 39	\$16.80	\$26.12	\$25.72	\$39.68	\$16.80	\$26.12	\$25.72	\$39.68
40 to 44	\$20.72	\$34.44	\$31.92	\$52.36	\$20.72	\$34.44	\$31.92	\$52.36
45 to 49	\$28.40	\$50.68	\$43.96	\$78.08	\$28.40	\$50.68	\$43.96	\$78.08
50 to 54	\$37.72	\$68.92	\$60.36	\$108.68	\$37.72	\$68.92	\$60.36	\$108.68
55 to 59	\$50.44	\$90.76	\$82.56	\$146.84	\$50.44	\$90.76	\$82.56	\$146.84
60 to 64	\$62.44	\$109.08	\$104.68	\$180.04	\$62.44	\$109.08	\$104.68	\$180.04
65 to 69	\$78.16	\$131.80	\$129.04	\$211.08	\$78.16	\$131.80	\$129.04	\$211.08
70 to 74	\$112.72	\$178.68	\$183.08	\$284.32	\$112.72	\$178.68	\$183.08	\$284.32
75 to 79	\$140.88	\$213.92	\$246.04	\$351.40	\$140.88	\$213.92	\$246.04	\$351.40
80 to 84	\$191.48	\$276.96	\$318.16	\$444.80	\$191.48	\$276.96	\$318.16	\$444.80
85 to 89	\$282.36	\$339.80	\$464.20	\$552.24	\$282.36	\$339.80	\$464.20	\$552.24
90 to 94	\$282.36	\$339.80	\$464.20	\$552.24	\$282.36	\$339.80	\$464.20	\$552.24
95+	\$282.36	\$339.80	\$464.20	\$552.24	\$282.36	\$339.80	\$464.20	\$552.24

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 Policy Provisions and Definitions:**

**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 first of the month following the date your completed enrollment form is received, or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing, unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all other 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.)

### Important Policy Provisions and Definitions:

**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:

**Exclusions:** In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss 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 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) • a diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

### Specific Definitions, Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied. Only one Initial Benefit will be paid for each Covered Condition per person.

**Skin Cancer**, basal cell/squamous cell carcinoma or certain forms of melanoma.

**Second Opinion**, only payable if diagnosed with Invasive Cancer, seeking second opinion at a National Cancer Institute, National Comprehensive Cancer Network, or named cancer center as specified in the contract, not involved in initial diagnosis within 90 days of being diagnosed.

**Invasive Cancer**, uncontrolled/abnormal growth or spread of invasive malignant cells. Excludes pre-malignant conditions or conditions with malignant potential.

**Carcinoma in Situ**, non-invasive malignant tumor. Excludes premalignant conditions or conditions with malignant potential, skin cancers, invasive cancer (basal/squamous cell carcinoma or melanoma/melanoma in situ).

**Heart Attack**, includes the following that confirms permanent loss of heart muscle function: 1) EKG; 2) elevation of cardiac enzyme. Must have an inpatient admission.

**Stroke**, cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging studies and neurological deficits lasting 96 hours or more. Excludes transient ischemic attack (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system. Must have an inpatient admission.

**Coronary Artery Disease**, heart disease/angina resulting in a blockage that restricts blood flow to the heart.

**Advanced Stage Alzheimer's Disease**, progressive degenerative disorder that attacks the brain's nerve cells resulting in cognitive deficits interfering with independence in completion of instrumental activities of daily living and may also require the inability to perform at least 2 physical activities of daily living.

**Amyotrophic Lateral Sclerosis (ALS aka Lou Gehrig's Disease)**, motor neuron disease resulting in muscular weakness and atrophy.

**Parkinson's Disease**, progressive, degenerative neurologic disease with indicated signs of the disease.

**Multiple Sclerosis**, disease involving damage to brain and spinal cord cells with signs of motor or sensory deficits confirmed by MRI. Includes Neuromyelitis Optica and Transverse Myelitis.

**Bacterial Meningitis**, bacterial infection in the brain and spinal cord. Excludes viral (aseptic) meningitis.

**Malaria**, parasitic (mosquito-borne) disease resulting in infection. Excludes infection by the P. malaria, P. vivax, P. ovale.

**Tuberculosis**, airborne infectious disease with indicated signs of the disease. Excludes latent or inactive Tuberculosis.

**Necrotizing Fasciitis (aka flesh-eating disease)**, bacterial infection in skin layers and tissue.

**Osteomyelitis**, chronic bacterial infection that deteriorates bone/bone marrow.

**Cerebral Palsy**, brain injury or abnormality occurring within 24 hours of birth resulting in developmental brain disorder.

**Cystic Fibrosis**, progressive disorder that affects exocrine glands.

**Muscular Dystrophy**, progressive disorder that interferes with formation of healthy muscles.

**Poliomyelitis**, acute, infectious disease caused by the poliovirus with indicated signs of the disease. Excludes non-paralytic polio or post-polio syndrome.

**Benign Brain Tumor**, non-cancerous abnormal cells in the brain.

**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. May require loss be due to specific illness.

**Coma**, unconscious state lasting at least 96 continuous hours. Excludes any state of unconsciousness intentionally or

### Specific Definitions, Benefit Exclusions and Limitations:

medically induced from unconsciousness intentionally which the Covered Person is able to be aroused. May require loss be due to specific illness.

**End-Stage Renal (Kidney) Disease**, chronic, irreversible function of both kidneys. Requires hemo or peritoneal dialysis.

**Major Organ Failure**, includes: liver, lung, pancreas, kidney, heart or bone marrow. Happens when transplant is prescribed or recommended and placed on UNOS registry. If the Covered Person has a combination transplant (i.e. heart and lung), a single benefit amount will be payable. Recurrence Benefit not payable for same organ for which a benefit was previously paid.

**Paralysis**, complete, permanent loss of use of two or more limbs due to a disease. Excludes loss due to Stroke and Multiple Sclerosis. May require loss be due to specific illness.

**No Evidence of Disease**, for cancer means recommended treatment has been completed and a physician through a round of bloodwork or special imaging studies confirms there is no evidence of active primary malignant disease. For Heart Attack and Stroke means person discharged from the hospital.

**Occupational Conditions**, Diagnosis of infection resulting from accidental contact to contaminated body fluids. The accidental exposure must occur during the normal course of duties for the occupation in which the Covered Person is regularly engaged. Excludes infections from intravenous drug use or sexually transmitted.

**Behavioral Health Condition**: Any of the following mental disorders as recognized in the newest edition of the Diagnostic and Statistical Manual of Mental Disorders – major depressive disorder, bipolar disorder, obsessive compulsive disorder, post-traumatic stress disorder, schizoaffective disorder, schizophrenia or substance use disorder conditions.

### \*\*\*Benefits-Specific Conditions, Exclusions and Limitations (Additional Benefits):

**Hospital Indemnity**: The Common Exclusions apply to this Additional Benefit. In addition, the following applies:

**Hospital Behavioral Health Condition Admission**: Must be admitted inpatient due to a Behavioral Health Condition.

Excludes: treatment in an emergency room or provided on an outpatient basis.

**Intensive Care Unit (ICU) Stay**: Must be admitted as an inpatient and confined in an ICU of a Hospital, due to injury or sickness, including COVID-10 and PID hospitalization at the direction and under the care of a physician. ICU stays within 90 days for the same or a related covered injury or covered illness is considered one ICU stay. Not available to residents of NH, ID and WA.

### Guaranteed Issue:

If you are a new hire you are not required to provide proof 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 proof 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. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

### \*State Variations

Spouse definition includes civil union partners in New Hampshire and Vermont, but excludes civil union partners for Idaho residents. **Covered Critical Illnesses and Events**, Occupational HIV not covered for residents of CA. **Covered Critical Illnesses and Events**, Occupational HIV not covered for residents of CA. Heart Attack benefits available for residents of AK. Not all shown covered conditions may be available and the **Specific Definitions, Benefit Exclusions and Limitations** for some of the conditions may vary for residents of ID, MD, NH, OR, WA. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. Portability conditions may differ for residents of UT, TX and VT. **Exclusions** may vary for residents of ID, LA, MN, NC, NH, SC, SD, VT, TX and WA. **Wellness Treatment and Preventive Care Benefit** is referred to as Health Screening Test or Preventive Care Benefit in WA and not available to residents of OR. **Healthy Living** Preventive Care Benefits may not be available to NC residents. Wellness Treatment, Health Screening Test or Preventive Care Benefit dental and ophthalmological exam benefits are not available to residents of NH and WA. Covid- 19 benefits are not available to residents of NH. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment and deferring due to disability or ADLS only applies to the Spouse. For residents of ID, NH, WA the effective date won't be deferred due to ability to perform ADLs. **Hospital Behavioral Health Condition** not available to residents of AK, ID, NM, OR, WA.

Series 1.0

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. C1111378. 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 Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT IS NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. An appeal of an adverse benefit determination before Cigna shall be a condition precedent to any legal or equitable action seeking the enforcement of rights under the Policy or plan, or any other remedies relating directly or indirectly to the claim under the Policy or plan. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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