

		Enrollment	
<b>SUMMARY OF BENEFITS</b>			
<b>Benefit Waiting Period</b>	None for Employee benefits unless otherwise stated.		
<b>Pre-Existing Condition Limitation</b>	Does not apply.		
<b>Employee Benefit Amount(s)</b>	100% of the Benefit Amount shown		
<b>Spouse, Domestic Partner, or Civil Union Partner Benefit Amount(s)</b> (spouse, domestic partner, or civil union partner to age 100 is eligible for coverage if employee is enrolled)	100% of the Benefit Amount shown		
<b>Dependent Child Benefit Amount(s)</b> Child only eligible if employee is enrolled (Birth to 26; 26+ if disabled)	100% of the Benefit Amount shown		
<b>Age Based Reductions</b>	None		
<b>Coverage</b>	Pays a fixed benefit according to the schedule below. This is a group accident Off-the-job insurance policy.		
<b>Coverage and Benefit Amounts</b>		<b>Series CHLIC 1.0 CUSTOM HIGH PLANS</b>	
<b>INITIAL CARE AND EMERGENCY CARE</b>			
<u>Benefit Type</u>	<u>Benefit Amount</u>		
	<b><u>Plan 1</u></b>		
<b>Emergency Care Treatment</b> Limited to 1 per accident.	\$300		
<b>Physician Office Visit</b> – Includes urgent care, Virtual Care accepted Limited to 1 per accident.	\$300		
<b>Diagnostic Exam (x-ray or lab)</b> Limited 1 per accident.	\$100		
<b>Ground / Water Ambulance (to nearest hospital)</b>	\$500		
<b>Air Ambulance</b> Limited 1 per accident.	\$2,000		
<b>HOSPITALIZATION</b>			
<u>Benefit Type</u>	<u>Benefit Amount</u>		
	<b><u>Plan 1</u></b>		
<b>Hospital Admission</b> Limited to 1 per accident.	\$1,500		
<b>Hospital Stay</b> Limited to 365 days, 1 stay per accident.	\$300 per day		
<b>Intensive Care Unit Stay</b> Limited to 365 days, 1 stay per accident.	\$600 per day		
<b>FRACTURES</b> Limited to 1 per accident.			
<u>Benefit Type</u>	<u>Benefit Amount</u>		
	<b><u>Plan 1</u></b>		
	<u>Benefit Amount</u>		
	<u>Non-Surgical</u>	<u>Surgical</u>	
<b>Skull</b>	\$5,000	\$10,000	
<b>Hip or Thigh</b>	\$5,000	\$10,000	
<b>Vertebrae or Pelvis</b>	\$5,000	\$10,000	

<b>Upper Arm</b>	\$1,500	\$3,000
<b>Shoulder or Collarbone</b>	\$1,500	\$3,000
<b>Leg</b>	\$2,250	\$4,500
<b>Ankle</b>	\$2,250	\$4,500
<b>Kneecap</b>	\$2,250	\$4,500
<b>Lower Arm</b>	\$2,250	\$4,500
<b>Foot</b>	\$2,250	\$4,500
<b>Hand or Wrist</b>	\$2,250	\$4,500
<b>Upper Jaw</b>	\$800	\$1,600
<b>Lower Jaw</b>	\$800	\$1,600
<b>Bones of Face or Nose</b>	\$800	\$1,600
<b>Vertebral Processes</b>	\$800	\$1,600
<b>Rib</b>	\$300	\$600
More than 1 rib fracture pays 2 times the Benefit Amount		
<b>Coccyx</b>	\$300	\$600
<b>Finger</b>	\$150	\$300
More than 1 finger pays 2 times the Benefit Amount		
<b>Toe</b>	\$150	\$300
More than 1 toe fracture pays 2 times the Benefit Amount		
<b>Sternum</b>	\$150	\$300
<b>Heel</b>	\$150	\$300
<b>Chip Fracture</b>	25% of closed fracture benefit	N/A
<b>Multiple Fractures</b>	200% of the single fracture benefit for multiple fractures to the same bone	N/A

**DISLOCATIONS**

Limited to 1 per accident

Benefit Type

**Plan 1**

Benefit Amount

	<u>Non-Surgical</u>	<u>Surgical</u>
<b>Hip Joint</b>	\$3,000	\$6,000
<b>Knee Joint</b>	\$3,000	\$6,000
<b>Bones of Foot</b>	\$3,000	\$6,000
<b>Ankle</b>	\$1,500	\$3,000
<b>Wrist</b>	\$1,000	\$2,000
<b>Elbow</b>	\$1,500	\$3,000
<b>Shoulder</b>	\$1,500	\$3,000
<b>Hand</b>	\$1,500	\$3,000
<b>Collarbone</b>	\$1,500	\$3,000
<b>Lower Jaw</b>	\$1,500	\$3,000
<b>Finger or Toe</b>	\$150	\$300

More than 1 finger or toe pays 2 times the benefit

**FOLLOW UP CARE** – *Virtual Care accepted*

<u>Benefit Type</u>	<u>Benefit Amount</u>
<b>Follow up Physician Office Visit</b> (includes medical professionals) Limited to <b>10 Visits</b> treatments per accident.	<b>Plan 1</b> \$125
<b>Follow up Physical Therapy Visits</b> Limited to <b>10 Visits</b> treatments per accident.	\$75

**Benefit – Specific Conditions, Exclusions & Limitations**

- **Ambulance:** Only one benefit will be paid whichever is the greater amount.
- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Accident. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.
- **Hospital Stay:** Must be admitted for at least 23 hours or as an Inpatient and confined to the Hospital, due to a Covered Accident, 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 Accident, whichever is greater. Hospital stays within 90 days for the same or a related Covered Accident is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted for at least 23 hours or Inpatient and confined in an ICU of a Hospital, due to a Covered Accident, 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 Accident, whichever is greater. ICU stays within 90 days for the same or a related Covered Accident is considered one ICU stay.
- **Follow up Physician Office and Physical Therapy Visits:** Must be examined, treated or prescribed by Physician. First examination or treatment must be within 90 days of the Covered Accident, Physical Therapy Visits within 120 days. Subsequent Follow up Treatment must be completed within 365 days from the Covered Accident. *\*Follow up Physician Office visit can include providers that are appropriately licensed professionals, including but not limited to those practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with Covered Accidents.*
- **Fracture:** If more than fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture.
- **Dislocation:** If more than dislocation, only one benefit will be paid, whichever is the greater amount.
- **Other:**
  - Requires admissions, stays, diagnostic exams, diagnosis, visits, ambulance trips, or treatment to be within 90 days of a Covered Accident. Emergency care within 30 days.
  - Excludes visits by a surgeon while confined to a Hospital.
  - If eligible for Physician Office or Emergency Care benefits for the same Covered Accident, only one benefit will be payable, whichever is greater. Not eligible for Physician Office benefit if eligible to receive benefits under Emergency Treatment.
  - Some benefits require services to be performed, prescribed or recommended by a Physician.

**Optional Benefits (availability may vary by state)**

**ENHANCED ACCIDENT BENEFITS (Custom High)**

Pays additional fixed benefits per schedule below.

<b>Benefit Waiting Period</b>	None
<b>Pre-Existing Condition Limitation</b>	Does not apply
<b>Employee Benefits</b>	100% of the Benefit Amount shown
<b>Spouse, Domestic Partner, or Civil Union Partner Benefits</b>	100% of the Benefit Amount shown
<b>Dependent Child(ren) Benefits</b>	100% of the Benefit Amount shown
<b>Age Based Reductions</b>	None

<u>Benefit Type</u>	<u>Benefit Amount</u>
Limited to 1 per Covered Accident, unless otherwise indicated.	<b>Plan 1</b>

<b>Small Burns</b> (2 <sup>nd</sup> or 3 <sup>rd</sup> degree – 20% or less of body)	\$500
<b>Large Burns</b> (2 <sup>nd</sup> degree – More than 20% of body)	\$1,000
<b>Large Burns</b> (3 <sup>rd</sup> degree – More than 20% of body)	\$10,000
<b>Skin-Graft Benefit (if burn benefit paid)</b>	50% of the applicable Benefit amount for Small Burns or Large Burns
<b>Lacerations</b>	
Limited to 2	
<b>Small Lacerations</b> (<6 inches with 2+ sutures)	\$150
<b>Large Lacerations</b> (>6 inches with 2+ sutures)	\$800
<b>General Anesthesia Benefit</b>	\$200
<b>Medicine Benefit</b>	\$15
<b>Medical Supply Benefit</b>	\$15
<b>Abdominal or Thoracic Surgery</b>	\$1,500
<b>Tendon, Ligament, Rotator Cuff, or Knee Surgery - Repair</b>	\$600
<b>Tendon, Ligament, Rotator Cuff, or Knee Surgery - Exploratory</b>	\$200
<b>Ruptured Disc Surgery - Repair</b>	\$1,000
<b>Eye Injury Surgery</b>	\$600
<b>Eye Injury – Removal of Foreign Object</b>	\$300
<b>Emergency Dental – Extraction</b>	\$200
More than 1 tooth pays 2 times the Benefit Amount	
<b>Emergency Dental – Broken Tooth</b>	\$100
More than 1 tooth pays 2 times the Benefit Amount	
<b>Concussion</b>	\$200
<b>Coma</b>	\$15,000
<b>Diagnostic Advanced</b>	\$200
<b>Appliance (Durable Medical Equipment)</b>	\$175
Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements	
<b>Prosthesis (arm, leg, hand, foot, eye)</b>	\$1,500
Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements	
<b>Paralysis – Paraplegia (&gt;30 days)</b>	\$7,500
<b>Paralysis – Quadriplegia (&gt;30 days)</b>	\$15,000
<b>Blood, plasma, platelets</b>	\$300
<b>Transportation (100+ miles one-way)</b>	\$400
This benefit is limited 1 time per Covered Accident. Treatment not available locally with required Hospital Stay.	
<b>Family Lodging (100+ miles one-way)</b>	\$200 per day
Limited to 30 days. This benefit is payable 1 times per Covered Accident. Treatment not available locally with required Hospital Stay.	

**Benefit – Specific Conditions, Exclusions & Limitations**

- **Abdominal or Thoracic Surgery:** If paid, no other surgical benefit will be paid.
- **Eye Injury – Removal of Foreign Object:** If Eye Surgery benefit is paid, this benefit will not be paid for or during the same

procedure.

- **Burns:** Excludes sunburn.
- **Medical Supplies:** Excludes durable medical equipment.
- **Coma:** Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Not payable if a coma is medically induced.
- **Prosthesis:** Benefits not payable if payable under the Accidental Dismemberment Benefit.
- **Paralysis:** If more than one benefit is payable, only the largest available benefit will be paid.
- **Transportation:** Benefits will not be payable if Ambulance benefit is paid.
- **Other:**
  - Some benefits require stays, treatment, services or items to be diagnosed, performed, prescribed or recommended by a Physician, or in the case of Anesthesia if benefit is payable, a Nurse Anesthetist. For dental services, they must be performed by a licensed dentist.
  - Requires treatment, grafting, diagnosis, purchases, extractions, transfusions, or exams to be within 90 days of a Covered Accident. Surgery within 120 days, unless exploratory, ruptured disk or eye injury which will be 90 days.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS (Level 2)**

Pays benefits for Accidental Death, Dismemberment and other listed conditions.

<b>Benefit Waiting Period</b>	None
<b>Pre-Existing Condition Limitation</b>	Does not apply
<b>Employee Benefits</b>	100% of the Benefit Amount shown
<b>Spouse, Domestic Partner, or Civil Union Partner Benefits</b>	50% of the Benefit Amount shown
<b>Dependent Child(ren) Benefits</b>	25% of the Benefit Amount shown
<b>Age Based Reductions</b>	None

**ACCIDENTAL DEATH BENEFITS**

<u>Benefit Type</u>	<u>Benefit Amount</u>
	<b><u>Plan 1</u></b>
<b>Loss of Life Accidental Death</b>	\$50,000
<b>Automobile Accidental Death</b>	\$50,000
<b>Common Carrier Accidental Death</b>	\$100,000

**CATASTROPHIC DISMEMBERMENT LOSS BENEFITS**

<u>Benefit Type</u>	<u>Benefit Amount</u>
	<b><u>Plan 1</u></b>
<b>Sight in Both Eyes</b>	\$30,000
<b>Both Hands or Arms</b>	\$30,000
<b>Both Feet or Legs</b>	\$30,000
<b>Speech and Hearing in Both Ears</b>	\$30,000
<b>Speech or Hearing in Both Ears</b>	\$15,000
<b>One Hand or Arm and One Foot or Leg</b>	\$15,000
<b>One Hand, Arm, Foot, Leg, or Sight in one Eye</b>	\$15,000

**DISMEMBERMENT BENEFIT**

<u>Benefit Type</u>	<u>Benefit Amount</u>
	<b><u>Plan 1</u></b>
<b>Finger</b>	\$2,000
<b>Toe</b>	\$2,000

Loss of more than 1 finger or toe pays 2 times the benefit

**Benefit – Specific Conditions, Exclusions & Limitations**

- Loss must occur within 365 days of the Covered Accident.
- If a Covered Person dies as a result of an automobile accident or common carrier accident, the Loss of Life benefit will not be paid. To receive the Auto Accident Death benefit, the person must be wearing and properly using the seatbelt and the auto equipped with the manufacturer's originally air bag system, and if the driver, hold a valid license. Common Carrier benefit, the person cannot be the operator. If more than one benefit is payable for the same accident, only the largest available benefit is payable and death benefits will be reduced by payable Dismemberment Benefits.
  - If Catastrophic Dismemberment Benefits are payable, no benefits will be paid for Dismemberment and total benefits will not exceed the Accidental Death Benefit and in the case of Dismemberment Benefits, the Loss of Life Accidental Death Benefit.C

**WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE BENEFIT\* (Level 1) (WPID)**This coverage is payable if a Covered Person undergoes or receives Wellness Treatment, Health Screening Tests, and/or Preventive Care as shown below. *Virtual Care accepted.*

<b>Benefit Waiting Period</b>	None
<b>Pre-Existing Condition Limitation</b>	Does not apply

<b>Employee Benefit</b>	100% of the Benefit Amount shown
<b>Spouse, Domestic Partner, or Civil Union Partner Benefit</b>	100% of the Benefit Amount shown
<b>Dependent Child(ren) Benefit</b>	100% of the Benefit Amount shown
<b>Age Based Reductions</b>	None

<u>Benefit Type</u>	<u>Benefit Amount</u>
<b>Wellness Treatment, Health Screening Test and Preventive Care Benefit</b> Limited to 1 per year <i>Examples include (but are not limited to) general health exams, routine dental, vision, gynecological exams, mammography and certain blood tests. Also includes COVID-19 Immunization, Tests, and Screenings.</i>	<b>Plan 1</b> \$50 per day

<b>Continuation Options</b>	
<b>CONTINUATION OF INSURANCE</b>	Family Medical Leave 12 weeks Leave of Absence 12 weeks Temporary Layoff 12 weeks
<b>PORTABILITY</b>	The same coverage may be continued upon employee's termination of employment with the employer, or when the employee is no longer eligible for coverage. - Portable period: Coverage continues to age 100 - Coverage(s) may be ported on all Covered Persons - Maximum port age is 100  Only available to U.S. citizens, permanent resident aliens and non U.S. citizens working in the U.S. lawfully (Inpats) while residing in the United States.

**Included Cigna Programs and Services\***

**Integration Services**

**Cigna Simple FileSM®** – All capabilities dependent upon receipt of ongoing SHS eligibility feed

- a. Auto compare: Cigna automatically reminds eligible customers who have qualifying claims to file their eligible Cigna SHS claims. This service is dependent upon receipt of data in a Cigna preferred format.

**Mental Health Resources – Cigna offers phone seminars conducted by guest experts to help learn about common issues as well as offer coping techniques and support. These free sessions are open to anyone including parents, caregivers, and loved ones.**

**My Secure Advantage™:** 30-days' pre-paid expert money-coaching™ for all types of financial planning and challenges, including identity theft prevention and fraud resolution services and online tools for state-specific wills and other important legal documents.

\*These programs are NOT insurance and do not provide reimbursement for financial losses. Participants are required to pay the entire discounted charge for any products or services purchased through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. Programs and services are continuously evaluated and updated.

therefore Participants may see changes in coverage as updates are implemented.

## POLICY PROVISIONS

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

### **Important Definitions:**

**Active Service Definition:** an Employee will be considered in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions are met:

- He or she is actively at work. This means the Employee is performing his or her regular occupation for the Employer on a full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires the Employee to travel.
- The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence, other than disability or sick leave after 7 days, only if the Employee was in Active Service on the preceding schedule workday.

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

**Covered Accident:** A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:

- occurs while the Covered Person is insured under this Policy;
- is not contributed to by disease, sickness, mental or bodily infirmity;
- is not otherwise excluded under the terms of this Policy.

**Covered Injury:** Any bodily harm that results, directly and independently of all other causes, from a Covered Accident.

**Covered Loss:** A loss that is:

- the result, directly and independently of all other causes, from a Covered Accident; and
- one of the Covered Losses specified in the *Schedule of Benefits*
- suffered by the Covered Person within the applicable time period specified in the *Schedule of Benefits*.

**Hospital:** an institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; 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, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, or nursing care; or (2) the aged, drug addicts or alcoholics.

### **Common Exclusions:**

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss which, directly or indirectly, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section:

- intentionally self-inflicted Injury, suicide or any attempt thereat while sane;
- commission or attempt to commit a felony or an assault;
- declared or undeclared war or act of war;
- a Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization.
- 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 including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. "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;
- bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
- flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
  - a. except as a fare-paying passenger on a regularly scheduled commercial airline;
  - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
  - c. being used for:
    - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
    - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit