

	3. Employees will be educated on the benefits before and during the Enrollment	
<b>SUMMARY OF BENEFITS</b>		
<b>Benefit Waiting Period</b>	None.	
<b>Pre-Existing Condition Limitation</b>	Does not apply.	
<b>Employee Benefit Amount(s)</b>	<b>Voluntary Benefits Amounts (options for employee selection):</b> \$10,000, \$20,000, \$30,000 \$30,000 Guaranteed Issue	
<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)	<b>Voluntary Benefits Amounts (options for spouse, domestic partner, or civil union partner selection):</b> 50% of issued employee benefit amount (Guaranteed Issue)	
<b>Dependent Child Benefit Amount(s)</b> Child only eligible if Employee is enrolled Birth to 26; 26+ if disabled	<b>Voluntary Benefits Amounts (options for child selection):</b> 50% of issued employee benefit amount	
<b>Age Based Reductions</b>	None.	
<b>Initial Critical Illness Benefit</b>	Pays a lump sum benefit direct to the insured, unless otherwise assigned, upon the date of diagnosis made after the coverage effective date, for each of the Covered Conditions listed below. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage for the diagnosis of the Covered Condition shown below. Each Covered Condition will be payable one time per Covered Person. A 180 separation period between the dates of diagnosis is required.	
<b>Recurrence Critical Illness Benefit</b>	Benefits will be paid for the diagnosis of a subsequent and same Covered Condition that has already received a benefit payout under this policy after a 12 month separation period from the previous diagnosis.	
<b>Skin Cancer Benefit</b>	Pays a flat dollar benefit. See below for Benefit Amount.	
<b>Maximum Lifetime Limit</b>	Does not Apply.	
<b>Coverage and Benefit Amounts</b>	<b>Series CHLIC 1.0</b>	
<b>CRITICAL ILLNESS COVERAGE LIST OF COVERED CONDITIONS</b>		
<b><u>Cancer Conditions</u></b>	<b><u>Option 1</u></b> <b><u>% of Initial Benefit Amount</u></b>	<b><u>Recurrence</u></b> <b><u>% of Initial Benefit Amount</u></b>
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
	<b><u>Benefit Amount</u></b>	
Skin Cancer	\$250 1x per lifetime	Not Available
<b><u>Vascular Conditions</u></b>	<b><u>Option 1</u></b> <b><u>% of Initial Benefit Amount</u></b>	<b><u>Recurrence</u></b> <b><u>% of Initial Benefit Amount</u></b>
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Aortic & Cerebral Aneurysm	25%	25%
Advanced Heart Failure	25%	Not Available
<b><u>Nervous System Conditions</u></b>	<b><u>Option 1</u></b> <b><u>% of Initial Benefit Amount</u></b>	<b><u>Recurrence</u></b> <b><u>% of Initial Benefit Amount</u></b>
Advanced Stage Alzheimer's Disease	25%	Not Available

Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available
<b><u>Infectious Conditions</u></b>	<b><u>Option 1</u></b> <b><u>% of Initial Benefit Amount</u></b>	<b><u>Recurrence</u></b> <b><u>% of Initial Benefit Amount</u></b>
Severe Sepsis	25%	25%
<b><u>Childhood Conditions</u></b>	<b><u>Option 1</u></b> <b><u>% of Child Initial Benefit Amount*</u></b>	<b><u>Recurrence</u></b> <b><u>% of Child Initial Benefit Amount*</u></b>
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	Not Available
Muscular Dystrophy	100%	Not Available
Poliomyelitis	100%	Not Available
Heart Wall Malformation	100%	Not Available
Sickle Cell	100%	Not Available
*For Childhood Conditions please refer to the Dependent Child Benefit Amount(s) section above for details on how much coverage is available for covered children.		
<b><u>Other Specified Conditions</u></b>	<b><u>Option 1</u></b> <b><u>% of Initial Benefit Amount</u></b>	<b><u>Recurrence</u></b> <b><u>% of Initial Benefit Amount</u></b>
Benign Brain Tumor	100%	100%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Advanced Obesity	25%	25%
Crohn's Disease	25%	Not Available
Pulmonary Embolism	25%	25%
Blindness	100%	Not Available
Coma	25%	25%
Paralysis	100%	100%

#### **Benefit – Specified Conditions, Exclusions & Limitations**

In addition to the Common Exclusions, the following additional conditions, exclusions and limitations apply:

- The date of diagnosis occurs while the Covered Person's coverage under this policy is in force.
- The definition for the Covered Condition is satisfied.
- Only 1 Initial Benefit paid for each Covered Condition per Covered Person. Additional benefits available under the Recurrence benefit.
- Separation periods apply. The separation period will not apply to directly medically related conditions for which a higher benefit amount is payable. However, the second benefit payment will be reduced by the amount of the first benefit paid.
- **Invasive Cancer**, excludes pre-malignant conditions or conditions with malignant potential, carcinoma in situ, basal cell carcinoma, squamous cell carcinoma of the skin, unless metastatic disease develops, melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.75mm, or melanoma in situ, or prostate tumor that is classified as T-1a, b, or c, N-0, and M-0 on a TNM classification scale. Also excludes the recurrence or metastasis of an original Cancer that was diagnosed prior to the coverage effective date if the Insured has undergone treatment for such cancer within 1 year of being diagnosed with cancer while under this coverage.
- **Carcinoma in Situ**, excludes premalignant conditions or conditions with malignant potential, skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ).
- **Stroke**, must have neurological deficits or confirmatory finding 96 hours after the event occurs. 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.
- **Aortic & Cerebral Aneurysm**, excludes surgical repair of complications resulting from repair of an aneurysm.
- **Advanced Heart Failure**, excludes heart attack, coronary artery disease, pulmonary embolism, arrhythmias.
- **Severe Sepsis**, excludes relapse of underlying bacterial infection causing the Severe Sepsis. Must be treatment free for Invasive Cancer or Carcinoma in Situ and have an inpatient hospital admission.
- **Poliomyelitis**, excludes non-paralytic polio or post-polio syndrome.
- **Sickle Cell Anemia**, excludes the sickle cell trait.
- **Heart Wall Malformation**, surgery or catheter based treatment must be prescribed within 1 year of birth.
- **Coma** does not mean any state of unconsciousness intentionally or medically induced from which the Covered Person is able to be aroused.
- **Major Organ Failure**, 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**, excludes loss due to Stroke, Multiple Sclerosis, and Cerebral Palsy.
- **Advanced Obesity**, the bariatric surgery must be physician prescribed consistent with evidence based medical standards.
- **Crohn's Disease**, excludes irritable bowel syndrome or ulcerative colitis.
- **Pulmonary Embolism**, excludes a blood clot confined to the lower extremities or pelvis.

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

**WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE BENEFIT (WPID)**

This coverage is payable if a Covered Person undergoes or receives Wellness Treatment, Health Screening Tests, and/or Preventive Care as defined by the Policy. See examples 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
<b>Dependent Child(ren) Benefit</b>	100% of the Benefit Amount
<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>	<b><u>Level 1</u></b> \$50 per day
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>	

**Continuation Options**

<b>CONTINUATION OF INSURANCE</b>	Temporary Layoff 12 weeks Family Medical Leave 12 weeks Leave of Absence 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. <ul style="list-style-type: none"> <li>- Portable period: Coverage continues to age 100</li> <li>- Voluntary coverage(s) may be ported on all Covered Persons</li> <li>- Maximum port age is 100</li> </ul> <p>Only available to U.S. citizens, permanent resident aliens and non U.S. citizen working in the U.S. lawfully (Inpats) while residing in the United States.</p>

**Included Cigna Programs and Services\***

**Integration Services**

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

- 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.