

Pre-Existing Condition Limitation	Does not apply.
Employee Benefit Amount(s)	100% of the Benefit Amount shown
Spouse, Domestic Partner, or Civil Union Partner Benefit Amount(s) (spouse, domestic partner, or civil union partner to age 100 is eligible for coverage if employee is enrolled)	100% of the Benefit Amount shown
Dependent Child Benefit Amount(s) Child only eligible if employee is enrolled Birth to 26; 26+ if disabled	100% of the Benefit Amount shown
Age Based Reductions	None on base plan.
Coverage	Fixed benefits per schedule below.

HOSPITALIZATION BENEFITS¹

<u>Benefit Type</u>	<u>Benefit Amount</u>
<u>Plan 1</u>	
Hospital Admission <i>(Non-ICU and ICU)</i> No elimination period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,000
Hospital Chronic Condition Admission No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	\$100
Hospital Stay No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200 per day
Hospital Intensive Care Unit Stay Day 1 <i>(Additional ICU Admission + Per Day)</i> Day 2-30 <i>(Per Day)</i> No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$1,400 one time \$400 per day
Hospital Observation Stay 24 hour elimination period. Limited to 72 hours.	\$200 per day

Benefit – Specific Conditions, Exclusions & Limitations

- **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 (including chronic conditions).
- **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 24 hours, 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.

PLEASE NOTE – BENEFIT COMPATIBILITY WITH HSA-ACCOUNT HOLDERS:

¹ PLANS WITH THESE BENEFITS ARE INTENDED TO BE COMPATIBLE WITH A HEALTH SAVINGS ACCOUNT (HSA) AT THE TIME OF THIS OFFERING. WE MAKE NO REPRESENTATIONS AS TO THEIR CONTINUING COMPATIBILITY WITH AN HSA, AS LAWS MAY CHANGE, OR AS TO ANY BENEFIT THAT MUST BE INCLUDED TO RESIDENTS AS MANDATED BY THEIR STATE. PLEASE CONSULT YOUR TAX ADVISOR WITH ANY QUESTIONS.

See Policy Provisions section for important policy definitions and a listing of applicable common exclusions and limitations.

Continuation Options

CONTINUATION OF INSURANCE

Temporary Layoff - 12 weeks
Family Medical Leave - 12 weeks
Leave of Absence - 12 weeks

PORTABILITY

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 is 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. citizen 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 is 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 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 in a covered loss.

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

Hospital: an institution that is licensed as a hospital pursuant to applicable law; 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 or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for convalescent, custodial, educational or hospice care. an institution or distinct part of an institution which: (1) provides skilled nursing care for sick and injured persons; (2) is supervised at all times by a physician or registered professional nurse; (3) has a physician available at all times; (4) meets all licensing and legal requirements; (5) is not mainly a place for rest, custodial care, or care of the aged, drug addicts, alcoholics, or those with mental or nervous disorders, or a hotel or similar establishment .

Common Exclusions:

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

1. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane.
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.
5. 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.
6. 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 Injury or Covered Illness occurred.
7. 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.
8. Dental surgery, unless the surgery is the result of an accidental injury.
9. Services or treatment rendered by a Physician, Nurse or any other person who is:
 - a. employed or retained by the Subscriber;
 - b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
 - c. living in the Covered Person's household;
 - d. a parent, sibling, spouse, domestic partner, or civil union partner or child of the Covered Person

Termination:

We may terminate insurance on or after the first anniversary of the Policy Effective Date. We or The Policyholder/Subscriber may terminate insurance on any Premium Due Date. Written notice by certified mail must be given at least 31 days prior to such Premium Due Date. Failure by the Policyholder to pay premiums when due or within the Grace Period shall be deemed notice to Us to terminate coverage at the end of the period for which premium was paid.

Termination will not affect a claim for a Covered Injury or Covered Illness that is the result of a Covered Loss that occurs while coverage was in effect.