



Offered by Life Insurance Company of North America, a Cigna company

# Employee-Paid CRITICAL ILLNESS INSURANCE

## SUMMARY OF BENEFITS

Prepared for: Integris Health, Inc.

**Critical Illness insurance provides a benefit when a Covered Person is diagnosed with a covered Critical Illness or event after coverage is in effect.**

### Who Can Elect Coverage?:

You: All active, Full-time Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 20 hours per week in the United States.  
You will be eligible for coverage the first of the month on or after 30 days of active service.  
Your Spouse: Up to age 70, as long as you apply for and are approved for coverage yourself.  
Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

*Spouse definition includes civil union for employees residing in Vermont and includes registered domestic partners for employees residing in California & Oregon.*

### Available Coverage:

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

	Benefit Amount	Guaranteed Issue Amount
Employee	\$10,000, \$20,000, \$30,000	Up to \$30,000
Spouse	50% of employee amount	Up to \$15,000
Children	25% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Illnesses and Events		Benefit Amount %
Cancer	Uncontrolled/abnormal growth or spread of invasive malignant cells.	100%
Heart Attack	Includes two of the following that cause permanent loss of heart contraction function: 1) Chest pains. 2) EKG changes 3) Biochemical markers of heart tissue death.	100%
Stroke	Cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging with neurological deficits lasting 96 hours or more.	100%
Kidney Failure	Chronic, irreversible function of both kidneys. Requires hemo—or peritoneal dialysis.	100%
Major Organ Failure	Includes: liver, lung, pancreas, kidney, or heart. Happens on first hospitalized day for surgery.	100%
Amyotrophic Lateral Sclerosis	(Also known as Lou Gehrig’s Disease) Motor neuron disease resulting in muscular weakness and atrophy.	100%
Paralysis	Complete, permanent loss of use of two or more limbs due to a disease.	100%
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.	100%
Coronary Artery Disease (Surgery)	Heart disease/angina requiring coronary artery bypass surgery, as indicated by angiographic test results.	25%*
Carcinoma in Situ	Non-invasive malignant tumor.	25%*
Occupational HIV	Diagnosis of (HIV) infection resulting from an accidental exposure to HIV-contaminated body fluids.	100%

\* If covered person received the 25% benefit, the remaining 75% benefit will be available for a diagnosis of another covered condition.

These are summarized definitions only. To be eligible for coverage, the covered Critical Illness or event must meet the definitions and other terms and conditions set forth in the group policy.

## Additional Benefits

Health Screening Benefit	Examples include (but are not limited to) mammography, bone marrow testing, pap smear (for women over age 18), breast ultrasound, colonoscopy, and certain blood tests.	\$50
Additional Critical Illness Benefit	An additional full Benefit Amount for the diagnosis of a subsequent and different covered Critical Illness. Payable after a 6 month separation period from diagnosis of 1st covered Critical Illness. If less than 100% of the Additional Critical Illness Benefit is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.	
Recurrence Benefit	Provides an additional benefit equal to 100% of the benefit amount and percentage for the diagnosis of a subsequent and same covered condition that has received a benefit payout from a previous diagnosis, after a 12 month separation period from previous diagnosis.	

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

**Integration Services:** The following Integration Services are included with your coverage:

- **Clinical Program Referrals** – Leveraging authorized medical information to make referrals to suitable wellness programs.
- **Proactive Coverage Review** – Automatic review and reminder of critical illness coverage if a claim is filed for other Cigna coverages.
- **Automatic Claim Approach** – Automatic submission of a critical illness claim if a Cigna Short-Term-Disability accident claim has been filed.

## Bi-Weekly Cost of Coverage:

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

Age	Employee (EE)	Employee + Spouse (EE+SP)	Employee + Children (EE+CH)	Employee + Family (EE+F)
<25	\$2.26	\$3.95	\$2.36	\$4.05
25 to 29	\$2.71	\$4.54	\$2.81	\$4.64
30 to 34	\$3.73	\$5.93	\$3.83	\$6.03
35 to 39	\$4.96	\$7.64	\$5.06	\$7.74
40 to 44	\$5.20	\$8.08	\$5.30	\$8.18
45 to 49	\$7.39	\$11.49	\$7.49	\$11.59
50 to 54	\$9.96	\$15.99	\$10.06	\$16.09
55 to 59	\$13.10	\$21.59	\$13.20	\$21.69
60 to 64	\$18.70	\$30.84	\$18.80	\$30.94
65 to 69	\$23.20	\$37.47	\$23.30	\$37.57
70 to 74	\$32.28	\$51.68	\$32.38	\$51.78
75 to 79	\$41.01	\$66.46	\$41.11	\$66.56
80 to 84	\$46.95	\$79.38	\$47.05	\$79.49
85 to 89	\$72.70	\$111.28	\$72.80	\$111.38
90 to 94	\$72.70	\$111.28	\$72.80	\$111.38
95+	\$72.70	\$111.28	\$72.80	\$111.38

## Bi-Weekly Cost of Coverage — continued

### Benefit Amount: \$20,000

Age	Employee (EE)	Employee + Spouse (EE+SP)	Employee + Children (EE+CH)	Employee + Family (EE+F)
<25	\$3.65	\$6.15	\$3.81	\$6.31
25 to 29	\$4.55	\$7.34	\$4.71	\$7.50
30 to 34	\$6.59	\$10.12	\$6.75	\$10.28
35 to 39	\$9.05	\$13.54	\$9.21	\$13.70
40 to 44	\$9.53	\$14.41	\$9.69	\$14.57
45 to 49	\$13.91	\$21.24	\$14.07	\$21.40
50 to 54	\$19.05	\$30.23	\$19.21	\$30.39
55 to 59	\$25.33	\$41.44	\$25.49	\$41.60
60 to 64	\$36.53	\$59.93	\$36.69	\$60.09
65 to 69	\$45.53	\$73.19	\$45.69	\$73.35
70 to 74	\$63.69	\$101.62	\$63.85	\$101.78
75 to 79	\$81.15	\$131.17	\$81.31	\$131.34
80 to 84	\$93.03	\$157.01	\$93.19	\$157.17
85 to 89	\$144.53	\$220.81	\$144.69	\$220.97
90 to 94	\$144.53	\$220.81	\$144.69	\$220.97
95+	\$144.53	\$220.81	\$144.69	\$220.97

### Benefit Amount: \$30,000

Age	Employee (EE)	Employee + Spouse (EE+SP)	Employee + Children (EE+CH)	Employee + Family (EE+F)
<25	\$5.04	\$8.36	\$5.26	\$8.58
25 to 29	\$6.39	\$10.14	\$6.61	\$10.37
30 to 34	\$9.45	\$14.31	\$9.67	\$14.53
35 to 39	\$13.14	\$19.44	\$13.36	\$19.66
40 to 44	\$13.86	\$20.75	\$14.08	\$20.97
45 to 49	\$20.43	\$30.99	\$20.65	\$31.21
50 to 54	\$28.14	\$44.48	\$28.36	\$44.70
55 to 59	\$37.56	\$61.29	\$37.78	\$61.51
60 to 64	\$54.36	\$89.03	\$54.58	\$89.25
65 to 69	\$67.86	\$108.92	\$68.08	\$109.14
70 to 74	\$95.10	\$151.56	\$95.32	\$151.78
75 to 79	\$121.29	\$195.89	\$121.51	\$196.11
80 to 84	\$139.11	\$234.65	\$139.33	\$234.87
85 to 89	\$216.36	\$330.35	\$216.58	\$330.57
90 to 94	\$216.36	\$330.35	\$216.58	\$330.57
95+	\$216.36	\$330.35	\$216.58	\$330.57

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

**Covered Loss:** A loss that is one of the Covered Conditions 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 date we receive your completed enrollment form, the date you authorize any necessary payroll deductions, or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital, home or facility confined; under the care of a Physician for sickness or injury; receiving disability benefits; or unable to perform any activities of daily living without assistance.

## Important Definitions and Policy Provisions — continued

**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 if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

**30 Day Right To Examine Certificate:** If an insured 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, Exclusions and Limitations:

**Benefit Limits:** No more than 100% of the Benefit Amount will ever be paid per Covered Person (unless Additional Critical Illness Benefit or Recurrence coverage is also provided).

**Common Exclusions:** In addition to any benefit-specific exclusions, benefits will not be paid for any covered Critical Illness that is caused directly or indirectly, in whole or in part by any of the following: intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane; commission or attempt to commit a felony or an assault; declared or undeclared war or act of war; a covered Critical Illness 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).

## Specific Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied.

- **Cancer:** Excludes: skin cancers, unless metastatic disease develops or recurrence or metastasis of previously diagnosed cancers if Covered Person prior to be diagnosed while coverage is in force, has not gone 60 months of being treatment free.
- **Stroke:** Excludes: TIAs, brain injury from trauma/hypoxia/anoxia or hypotension, or eye and ear diseases/disorders.
- **Major Organ Failure:** Limit: one benefit for multi-organ transplants.
- **Coronary Artery Disease (Surgery):** Excludes: angioplasty, stent implants, or related procedures. Limit: paid once per lifetime per Covered Person.
- **Carcinoma in Situ:** Excludes: skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ). Limit: paid once per lifetime per Covered Person.
- **Occupational HIV:** The accidental exposure must occur during the normal course of duties for the occupation in which the Covered Person is regularly engaged.
- **Health Screening Benefit:** Limit: 1 health screening per year per Covered Person. The Benefit Waiting Period is 30 days following the effective date of the Health Screening Benefit rider, during which time no benefits will be paid.
- **Additional Critical Illness Benefit:** Limit: No more than one Benefit Amount and one Additional Benefit Amount will ever be paid per Covered Person; benefits for Coronary Artery Disease and Carcinoma in Situ are limited to once per lifetime per Covered Person. Unless otherwise stated, no benefits will be paid for a Covered Critical Illness that occurs during the Separation Period.
- **Recurrence Benefit:** Excludes: Cancer, Carcinoma in Situ, and Coronary Artery Disease. Recurrence Benefit is only payable if the Covered Person has not received treatment during the 12 month period between the two diagnoses. As used here, "treatment" does not include medications and follow-up visits to the Covered Person's Physician.

## Guaranteed Issue:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for you, you are entitled to choose any coverage offered up to the guaranteed coverage amount, as shown on your application, without providing evidence of good health. If you apply for an amount of coverage greater than the guaranteed coverage amount, coverage in excess of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of good health. If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the guaranteed coverage amounts will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Your employer will notify you when these periods of time are available. Coverage will not be issued until the insurance company approves acceptable evidence of good health. Benefits may reduce by age.

**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 COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.**

Location: TX

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI 960436. 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 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, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GCI-00-1000. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

"Cigna" and the "Tree of Life" logo are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Life Insurance Company of North America and Cigna Life Insurance Company of New York. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

882860 © 2017 Cigna. Some content provided under license.