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Employee-Paid

SPECIFIED DISEASE INSURANCE

SUMMARY OF BENEFITS

Prepared for: Oak Orchard Health Center

Specified Disease insurance provides a cash benefit when a Covered Person is diagnosed with a covered specified disease 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.

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 or non-United States citizens legally working and living in the United States (Inpats) and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens or Spouse, Domestic Partner, or Civil Union Partner or Dependent Child Inpats and who are legally residing in the United States.

You will be eligible for coverage on the first of the month after date of hire 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, as long as you apply for and are approved for coverage yourself.

If a person already has coverage for the same specified diseases and such coverage is expected to remain in place 30 days after the effective date of this coverage, coverage should not be elected.

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 Specified Diseases 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	\$5,000, \$10,000, \$20,000	Up to \$20,000
Spouse	50% of employee amount	Up to \$10,000
Children	25% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Diseases	Benefit Amount
Cancer:	
Skin Cancer*	\$500 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Non-Invasive Cancer	25%	25%

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Vascular		
Heart Attack	100%	100%
Stroke (Cerebral Vascular Disease)	100%	100%
Coronary Artery Disease	25%	25%
Nervous System		
Amyotrophic Lateral Sclerosis (ALS)	100%	Not Available
Other Specified		
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%

Health Screening Test Benefit	Benefit Amount
Examples includes (but are not limited to) mammography, and certain blood tests. The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. <i>Virtual Care accepted.</i>	\$50 1 per year

Benefits	
Initial Specified Disease Benefit	Benefit for a diagnosis made after the effective date of coverage for each Covered Disease shown above. The amount payable per Covered Disease is the Initial Benefit Amount multiplied by the applicable percentage shown.
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same Covered Disease for which an Initial Specified Benefit has been paid.
Skin Cancer Benefit	Pays benefit stated above.

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. Only available to United States Citizens, Permanent Resident Aliens and non-United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

Employee's Semi-Monthly Cost of Coverage:

Benefit Amount: \$5,000

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$0.98	\$1.14	\$1.61	\$1.85	\$1.47	\$1.62	\$2.10	\$2.34
25 to 29	\$1.15	\$1.45	\$1.84	\$2.30	\$1.63	\$1.94	\$2.33	\$2.79
30 to 34	\$1.57	\$2.18	\$2.41	\$3.32	\$2.05	\$2.67	\$2.90	\$3.81
35 to 39	\$2.19	\$3.53	\$3.30	\$5.28	\$2.68	\$4.02	\$3.79	\$5.76
40 to 44	\$2.80	\$4.79	\$4.22	\$7.16	\$3.28	\$5.28	\$4.70	\$7.65
45 to 49	\$3.90	\$7.18	\$5.93	\$10.89	\$4.38	\$7.66	\$6.42	\$11.38
50 to 54	\$5.21	\$9.79	\$8.30	\$15.37	\$5.69	\$10.28	\$8.79	\$15.86
55 to 59	\$6.91	\$12.83	\$11.39	\$20.81	\$7.40	\$13.32	\$11.88	\$21.30
60 to 64	\$8.64	\$15.52	\$14.40	\$25.44	\$9.12	\$16.00	\$14.89	\$25.92
65 to 69	\$10.55	\$18.31	\$17.55	\$29.39	\$11.04	\$18.80	\$18.03	\$29.87
70 to 74	\$14.65	\$24.08	\$24.05	\$38.50	\$15.13	\$24.57	\$24.54	\$38.99
75 to 79	\$18.24	\$27.97	\$30.93	\$45.50	\$18.72	\$28.46	\$31.42	\$45.98
80 to 84	\$21.70	\$33.54	\$36.87	\$54.35	\$22.19	\$34.03	\$37.36	\$54.84
85 to 89	\$29.97	\$37.45	\$50.48	\$61.96	\$30.46	\$37.93	\$50.97	\$62.44
90 to 94	\$29.97	\$37.45	\$50.48	\$61.96	\$30.46	\$37.93	\$50.97	\$62.44
95+	\$29.97	\$37.45	\$50.48	\$61.96	\$30.46	\$37.93	\$50.97	\$62.44

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	\$1.96	\$2.27	\$3.21	\$3.70	\$2.93	\$3.24	\$4.19	\$4.67
25 to 29	\$2.29	\$2.89	\$3.68	\$4.60	\$3.26	\$3.87	\$4.66	\$5.57

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
30 to 34	\$3.13	\$4.36	\$4.82	\$6.64	\$4.10	\$5.33	\$5.79	\$7.62
35 to 39	\$4.37	\$7.06	\$6.60	\$10.55	\$5.35	\$8.03	\$7.58	\$11.52
40 to 44	\$5.59	\$9.58	\$8.43	\$14.32	\$6.56	\$10.55	\$9.40	\$15.30
45 to 49	\$7.79	\$14.35	\$11.86	\$21.77	\$8.76	\$15.32	\$12.83	\$22.75
50 to 54	\$10.41	\$19.58	\$16.60	\$30.74	\$11.38	\$20.55	\$17.57	\$31.71
55 to 59	\$13.81	\$25.66	\$22.78	\$41.62	\$14.79	\$26.63	\$23.75	\$42.59
60 to 64	\$17.27	\$31.03	\$28.80	\$50.87	\$18.24	\$32.00	\$29.77	\$51.84
65 to 69	\$21.10	\$36.62	\$35.09	\$58.77	\$22.07	\$37.59	\$36.06	\$59.74
70 to 74	\$29.29	\$48.16	\$48.09	\$77.00	\$30.26	\$49.14	\$49.07	\$77.97
75 to 79	\$36.47	\$55.94	\$61.86	\$90.99	\$37.44	\$56.91	\$62.83	\$91.96
80 to 84	\$43.40	\$67.08	\$73.74	\$108.70	\$44.37	\$68.05	\$74.71	\$109.67
85 to 89	\$59.94	\$74.89	\$100.96	\$123.91	\$60.91	\$75.86	\$101.93	\$124.88
90 to 94	\$59.94	\$74.89	\$100.96	\$123.91	\$60.91	\$75.86	\$101.93	\$124.88
95+	\$59.94	\$74.89	\$100.96	\$123.91	\$60.91	\$75.86	\$101.93	\$124.88

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	\$3.91	\$4.53	\$6.42	\$7.39	\$5.86	\$6.48	\$8.37	\$9.34
25 to 29	\$4.58	\$5.78	\$7.36	\$9.19	\$6.52	\$7.73	\$9.31	\$11.14
30 to 34	\$6.25	\$8.71	\$9.64	\$13.28	\$8.19	\$10.66	\$11.58	\$15.23
35 to 39	\$8.74	\$14.11	\$13.20	\$21.09	\$10.69	\$16.05	\$15.15	\$23.04
40 to 44	\$11.17	\$19.15	\$16.85	\$28.64	\$13.11	\$21.10	\$18.80	\$30.59
45 to 49	\$15.57	\$28.69	\$23.72	\$43.54	\$17.52	\$30.64	\$25.66	\$45.49
50 to 54	\$20.82	\$39.15	\$33.20	\$61.47	\$22.76	\$41.10	\$35.14	\$63.41
55 to 59	\$27.62	\$51.31	\$45.55	\$83.23	\$29.57	\$53.25	\$47.49	\$85.18
60 to 64	\$34.54	\$62.06	\$57.59	\$101.73	\$36.48	\$64.00	\$59.53	\$103.67
65 to 69	\$42.19	\$73.23	\$70.18	\$117.54	\$44.13	\$75.17	\$72.12	\$119.48
70 to 74	\$58.57	\$96.32	\$96.18	\$153.99	\$60.51	\$98.27	\$98.13	\$155.93
75 to 79	\$72.93	\$111.87	\$123.72	\$181.97	\$74.87	\$113.81	\$125.66	\$183.92
80 to 84	\$86.79	\$134.16	\$147.48	\$217.39	\$88.74	\$136.10	\$149.42	\$219.33
85 to 89	\$119.87	\$149.78	\$201.91	\$247.81	\$121.81	\$151.72	\$203.85	\$249.75
90 to 94	\$119.87	\$149.78	\$201.91	\$247.81	\$121.81	\$151.72	\$203.85	\$249.75
95+	\$119.87	\$149.78	\$201.91	\$247.81	\$121.81	\$151.72	\$203.85	\$249.75

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

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.)

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.

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: • suicide, attempted suicide or intentionally self-inflicted injury; • participation in a felony, riot or insurrection; • war or act of war (whether declared or undeclared); • service in the Armed Forces or units auxiliary thereto (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); • services performed, or a diagnosis made by a member of the Covered Person's immediate family.

Specific Definitions, Benefit Exclusions and Limitations:

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

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

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

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.

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.

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. 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. 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.

Series 1.0

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI112018. 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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