



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

Life Insurance Company of North America

1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits. This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

Your Benefit Summary provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Life Insurance Company of North America. This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage you may have.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased. Please refer to your Benefit Summary for more information, including a listing of the policy exclusions, limitations, and reductions that may affect benefits payable under the Critical Illness Insurance plan.

WDN – 00-1000.01WA

**Employee-Paid
CRITICAL ILLNESS INSURANCE**

SUMMARY OF BENEFITS

Prepared for: XL America, Inc
WA Residents

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

Who Can Elect Coverage?:

You: All active, Full-time and Part-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 and residing in the state of Washington.

You will be eligible for coverage immediately.

Your Spouse*: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26 (end of the calendar year in which child turns 26), as long as you apply for and are approved for coverage yourself.

*For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner, if you meet the criteria for Domestic Partnership coverage as defined by your employer. Additional information is available from your Benefit Services Representative.

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 will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, 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 Critical Illness Conditions must be due to disease or sickness.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$12,500	Up to \$12,500
Spouse	50% of employee amount	Up to \$6,250
Children	25% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Critical Illnesses and Events		Benefit Amount %
Cancer	Uncontrolled/abnormal growth or spread of invasive malignant cells.	100%

Covered Critical Illnesses and Events		Benefit Amount %
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%*

* 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

Recurrence Benefit	Provides one 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.
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Portability Feature: You can continue 100% of your coverage for Yourself and Your covered dependents at the time Your coverage ends. You must be covered under the policy and be under the age of 70 in order to continue your coverage. Rates may change.

Integration Services

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 qualifying Cigna Short-Term-Disability accident claim has been filed.

Semi-Monthly Cost of Coverage:

Benefit Amount: \$12,500

Age	Employee (EE)	Employee + Spouse (EE+SP)	Employee + Children (EE+CH)	Employee + Family (EE+F)
<29	\$1.69	\$2.60	\$1.82	\$2.74
30 to 39	\$3.35	\$5.20	\$3.49	\$5.33
40 to 49	\$7.02	\$11.13	\$7.15	\$11.27
50 to 59	\$14.60	\$22.99	\$14.74	\$23.13
60 to 69	\$24.79	\$38.66	\$24.92	\$38.80
70 to 79	\$45.17	\$69.92	\$45.31	\$70.05
80 to 89	\$71.12	\$102.49	\$71.26	\$102.62
90+	\$71.12	\$102.49	\$71.26	\$102.62

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:

Important Definitions and Policy Provisions — continued

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 date we or your employer 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. Coverage for all Covered Persons will not begin on the effective date if the Covered Person is confined to a hospital, facility or at home, receiving chemotherapy or radiation treatment, 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.

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 of 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 taking of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970. As now or hereafter amended unless prescribed by or administered by a Physician; • operating any type of vehicle while under the influence of alcohol. ("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). *Actual policy terms may vary depending on your plan design and location.*

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 being 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.
- **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 you are not required to provide evidence 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 evidence 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.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO 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 A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Location: WA Residents WA

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI 960477. 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.

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