



Cigna Health and Life Insurance Company  
 900 Cottage Grove Road  
 Bloomfield, Connecticut 06002

**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 Cigna Health and Life Insurance Company.

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: Confederated Tribes of the Chehalis Reservation  
 Class 1

Critical Illness insurance provides a cash benefit when a Covered Person is diagnosed with a covered critical illness 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.**

**You:** All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States excluding Employees of the Tribal Government and classified as Law Enforcement.

You will be eligible for coverage on the first of the month coinciding with or next following 60 days of Active Service.

**Your Spouse:\*** 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, are automatically enrolled as long as you apply for and are approved for coverage yourself.

**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 Critical Illness Conditions must be due to disease or sickness.

	<b>Benefit Amount</b>	<b>Guaranteed Issue Amount</b>
Employee	\$5,000, \$10,000, \$15,000, \$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 Conditions	Benefit Amount
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**Cancer Conditions**

Skin Cancer*	\$250 1x per lifetime
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Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
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Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%

**Vascular Conditions**

Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%

**Nervous System Conditions**

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

**Other Specified Conditions**

Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	25%	25%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%

Health Screening Test Benefit	Benefit Amount
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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>	\$75 1 per year
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**Benefits**

<b>Initial Critical Illness Benefit</b>	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person. A 180 days separation period between the dates of diagnosis is required.*
<b>Recurrence Benefit</b>	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid, payable after a 12 month separation period from diagnosis of a previous Covered Condition.
<b>Skin Cancer Benefit</b>	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. Applies to United States Citizens and Permanent Resident Aliens 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	\$1.46	\$1.58	\$2.68	\$2.87	\$1.46	\$1.58	\$2.68	\$2.87
25 to 29	\$1.54	\$1.74	\$2.80	\$3.12	\$1.54	\$1.74	\$2.80	\$3.12
30 to 34	\$1.75	\$2.13	\$3.13	\$3.72	\$1.75	\$2.13	\$3.13	\$3.72
35 to 39	\$2.11	\$2.91	\$3.67	\$4.92	\$2.11	\$2.91	\$3.67	\$4.92
40 to 44	\$2.45	\$3.63	\$4.23	\$6.08	\$2.45	\$3.63	\$4.23	\$6.08
45 to 49	\$3.11	\$5.09	\$5.29	\$8.40	\$3.11	\$5.09	\$5.29	\$8.40
50 to 54	\$4.06	\$6.88	\$6.80	\$11.23	\$4.06	\$6.88	\$6.80	\$11.23
55 to 59	\$5.32	\$9.10	\$8.80	\$14.75	\$5.32	\$9.10	\$8.80	\$14.75
60 to 64	\$6.43	\$10.83	\$10.70	\$17.67	\$6.43	\$10.83	\$10.70	\$17.67
65 to 69	\$7.72	\$12.47	\$12.74	\$20.16	\$7.72	\$12.47	\$12.74	\$20.16
70 to 74	\$10.59	\$16.25	\$17.07	\$26.11	\$10.59	\$16.25	\$17.07	\$26.11
75 to 79	\$14.55	\$19.98	\$22.48	\$31.47	\$14.55	\$19.98	\$22.48	\$31.47
80 to 84	\$17.72	\$24.15	\$27.22	\$38.02	\$17.72	\$24.15	\$27.22	\$38.02
85 to 89	\$23.31	\$28.16	\$37.21	\$44.84	\$23.31	\$28.16	\$37.21	\$44.84
90 to 94	\$23.31	\$28.16	\$37.21	\$44.84	\$23.31	\$28.16	\$37.21	\$44.84
95+	\$23.31	\$28.16	\$37.21	\$44.84	\$23.31	\$28.16	\$37.21	\$44.84

### 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	\$2.92	\$3.16	\$5.36	\$5.73	\$2.92	\$3.16	\$5.36	\$5.73
25 to 29	\$3.07	\$3.47	\$5.59	\$6.23	\$3.07	\$3.47	\$5.59	\$6.23
30 to 34	\$3.50	\$4.25	\$6.26	\$7.44	\$3.50	\$4.25	\$6.26	\$7.44
35 to 39	\$4.21	\$5.81	\$7.34	\$9.84	\$4.21	\$5.81	\$7.34	\$9.84
40 to 44	\$4.89	\$7.25	\$8.45	\$12.15	\$4.89	\$7.25	\$8.45	\$12.15
45 to 49	\$6.22	\$10.17	\$10.58	\$16.80	\$6.22	\$10.17	\$10.58	\$16.80
50 to 54	\$8.11	\$13.76	\$13.59	\$22.45	\$8.11	\$13.76	\$13.59	\$22.45
55 to 59	\$10.63	\$18.18	\$17.60	\$29.49	\$10.63	\$18.18	\$17.60	\$29.49
60 to 64	\$12.86	\$21.66	\$21.39	\$35.34	\$12.86	\$21.66	\$21.39	\$35.34
65 to 69	\$15.44	\$24.93	\$25.47	\$40.32	\$15.44	\$24.93	\$25.47	\$40.32
70 to 74	\$21.18	\$32.49	\$34.13	\$52.21	\$21.18	\$32.49	\$34.13	\$52.21
75 to 79	\$29.09	\$39.96	\$44.95	\$62.93	\$29.09	\$39.96	\$44.95	\$62.93
80 to 84	\$35.43	\$48.29	\$54.43	\$76.03	\$35.43	\$48.29	\$54.43	\$76.03
85 to 89	\$46.62	\$56.31	\$74.41	\$89.68	\$46.62	\$56.31	\$74.41	\$89.68
90 to 94	\$46.62	\$56.31	\$74.41	\$89.68	\$46.62	\$56.31	\$74.41	\$89.68
95+	\$46.62	\$56.31	\$74.41	\$89.68	\$46.62	\$56.31	\$74.41	\$89.68

### Benefit Amount: \$15,000

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$4.38	\$4.74	\$8.04	\$8.59	\$4.38	\$4.74	\$8.04	\$8.59
25 to 29	\$4.61	\$5.21	\$8.39	\$9.34	\$4.61	\$5.21	\$8.39	\$9.34
30 to 34	\$5.25	\$6.38	\$9.39	\$11.16	\$5.25	\$6.38	\$9.39	\$11.16
35 to 39	\$6.31	\$8.72	\$11.01	\$14.76	\$6.31	\$8.72	\$11.01	\$14.76
40 to 44	\$7.34	\$10.87	\$12.68	\$18.22	\$7.34	\$10.87	\$12.68	\$18.22
45 to 49	\$9.33	\$15.26	\$15.87	\$25.20	\$9.33	\$15.26	\$15.87	\$25.20
50 to 54	\$12.16	\$20.64	\$20.39	\$33.67	\$12.16	\$20.64	\$20.39	\$33.67
55 to 59	\$15.94	\$27.28	\$26.40	\$44.24	\$15.94	\$27.28	\$26.40	\$44.24
60 to 64	\$19.29	\$32.49	\$32.08	\$53.01	\$19.29	\$32.49	\$32.08	\$53.01
65 to 69	\$23.16	\$37.39	\$38.20	\$60.48	\$23.16	\$37.39	\$38.20	\$60.48
70 to 74	\$31.77	\$48.74	\$51.19	\$78.31	\$31.77	\$48.74	\$51.19	\$78.31
75 to 79	\$43.64	\$59.94	\$67.42	\$94.40	\$43.64	\$59.94	\$67.42	\$94.40
80 to 84	\$53.15	\$72.43	\$81.64	\$114.04	\$53.15	\$72.43	\$81.64	\$114.04
85 to 89	\$69.93	\$84.46	\$111.61	\$134.52	\$69.93	\$84.46	\$111.61	\$134.52

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
90 to 94	\$69.93	\$84.46	\$111.61	\$134.52	\$69.93	\$84.46	\$111.61	\$134.52
95+	\$69.93	\$84.46	\$111.61	\$134.52	\$69.93	\$84.46	\$111.61	\$134.52

### 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	\$5.84	\$6.31	\$10.71	\$11.45	\$5.84	\$6.31	\$10.71	\$11.45
25 to 29	\$6.14	\$6.94	\$11.18	\$12.45	\$6.14	\$6.94	\$11.18	\$12.45
30 to 34	\$6.99	\$8.50	\$12.51	\$14.88	\$6.99	\$8.50	\$12.51	\$14.88
35 to 39	\$8.41	\$11.62	\$14.68	\$19.67	\$8.41	\$11.62	\$14.68	\$19.67
40 to 44	\$9.78	\$14.49	\$16.90	\$24.29	\$9.78	\$14.49	\$16.90	\$24.29
45 to 49	\$12.43	\$20.34	\$21.15	\$33.59	\$12.43	\$20.34	\$21.15	\$33.59
50 to 54	\$16.21	\$27.52	\$27.18	\$44.89	\$16.21	\$27.52	\$27.18	\$44.89
55 to 59	\$21.25	\$36.37	\$35.20	\$58.98	\$21.25	\$36.37	\$35.20	\$58.98
60 to 64	\$25.71	\$43.31	\$42.77	\$70.68	\$25.71	\$43.31	\$42.77	\$70.68
65 to 69	\$30.87	\$49.85	\$50.93	\$80.64	\$30.87	\$49.85	\$50.93	\$80.64
70 to 74	\$42.35	\$64.98	\$68.25	\$104.41	\$42.35	\$64.98	\$68.25	\$104.41
75 to 79	\$58.18	\$79.92	\$89.89	\$125.86	\$58.18	\$79.92	\$89.89	\$125.86
80 to 84	\$70.86	\$96.57	\$108.85	\$152.05	\$70.86	\$96.57	\$108.85	\$152.05
85 to 89	\$93.24	\$112.61	\$148.81	\$179.35	\$93.24	\$112.61	\$148.81	\$179.35
90 to 94	\$93.24	\$112.61	\$148.81	\$179.35	\$93.24	\$112.61	\$148.81	\$179.35
95+	\$93.24	\$112.61	\$148.81	\$179.35	\$93.24	\$112.61	\$148.81	\$179.35

Costs are subject to change. 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 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.

### Benefit Reductions, Common 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: • intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a Covered Loss 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) • a diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

### Specific Definitions, Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied. Only one Initial Benefit will be paid for each Covered Condition per person and benefits will be subject to separation periods.

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

**Invasive Cancer**, uncontrolled/abnormal growth or spread of invasive malignant cells. 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 12 months of being diagnosed with cancer while under this coverage.

**Carcinoma in Situ**, non-invasive malignant tumor. Excludes premalignant conditions or conditions with malignant potential, skin cancers, invasive cancer (basal/squamous cell carcinoma or melanoma/melanoma in situ).

**Heart Attack**, includes the following that confirms permanent loss of heart muscle function: 1) EKG; 2) elevation of cardiac enzyme.

**Stroke**, cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging studies and neurological deficits lasting 96 hours or more. 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.

**Coronary Artery Disease**, heart disease/angina requiring coronary artery bypass surgery, as prescribed by a Physician. Excludes angioplasty (percutaneous coronary intervention) and stent implantation.

**Advanced Stage Alzheimer's Disease**, progressive degenerative disorder that attacks the brain's nerve cells resulting in cognitive deficits interfering with independence in completion of instrumental activities of daily living and may also require the inability to perform at least 2 physical activities of daily living.

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

**Parkinson's Disease**, progressive, degenerative neurologic disease with indicated signs of the disease.

**Multiple Sclerosis**, disease involving damage to brain and spinal cord cells with signs of motor or sensory deficits confirmed by MRI. Includes Neuromyelitis Optica and Transverse Myelitis.

**Benign Brain Tumor**, non-cancerous abnormal cells in the brain.

**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. May require loss be due to specific illness.

**Coma**, unconscious state lasting at least 96 continuous hours. Excludes any state of unconsciousness intentionally or medically induced from unconsciousness intentionally which the Covered Person is able to be aroused. May require loss be due to specific illness.

**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.

**Paralysis**, complete, permanent loss of use of two or more limbs due to a disease. Excludes loss due to Stroke and Multiple Sclerosis. May require loss be due to specific illness.

### 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

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. 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

### **\*State Variations**

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. C1110644. 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. 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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