



Insured by Cigna Health and Life Insurance Company

Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: The Azoff Company LLC

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. 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 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 the first of the month following date of hire.

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.

Available Coverage: This Accidental Injury plan provides 24 hour coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Percentage Amount (unless otherwise indicated)	Employee 100% of benefits shown	Employee and Spouse 100% of benefits shown	Children 100% of benefits shown
Initial & Emergency Care	Plan 1	Plan 2	
Emergency Care Treatment	\$100	\$200	
Physician Office Visit (includes urgent care)	\$50	\$100	
Diagnostic Exam (x-ray or lab)	\$50	\$75	
Ground or Water Ambulance/Air Ambulance	\$300/\$1,200	\$400/\$1,600	
Hospitalization Benefits	Plan 1	Plan 2	
Hospital Admission	\$500	\$1,000	
Hospital Stay	\$100	\$200	
Intensive Care Unit Stay	\$200	\$400	
Fractures and Dislocations	Plan 1	Plan 2	
Per covered surgically-repaired fracture	\$100-\$4,000	\$200-\$8,000	
Per covered non-surgically-repaired fracture	\$50-\$2,000	\$100-\$4,000	
Chip Fracture (percent of fracture benefit)	25%	25%	
Per covered surgically-repaired dislocation	\$100-\$4,000	\$200-\$6,000	
Per covered non-surgically-repaired dislocation	\$50-\$2,000	\$100-\$3,000	
Follow-Up Care	Plan 1	Plan 2	
Follow-up Physician (or medical professional) Office Visit	\$50	\$75	
Follow-up Physical Therapy Visit	\$25	\$50	
Enhanced Accident Benefits	Plan 1	Plan 2	
Examples:			
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$50	\$100	
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$400	\$600	
Concussion	\$100	\$150	

Enhanced Accident Benefits	Plan 1	Plan 2
Coma (lasting 7 days with no response)	\$5,000	\$10,000
<i>Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions. Virtual Care accepted for Initial Physician Office Visit and Follow-Up Care.</i>		
Accidental Death and Dismemberment Benefit	Plan 1	Plan 2
Examples of benefits include (but are not limited to) payment for death from Automobile accident; total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. The Spouse and Child benefit is 50% and 50% respective of the benefit shown.	Loss of Life: \$25,000 - \$75,000 Dismemberment: \$1,000 - \$20,000	Loss of Life: \$50,000 - \$100,000 Dismemberment: \$2,000 - \$30,000
Wellness Treatment, Health Screening Test & Preventive Care Benefit*	Plan 1	Plan 2
Wellness Treatment, Health Screening Test and Preventive Care Benefit:* Benefit paid for all covered persons is 100% of the benefit shown. <i>Also includes COVID-19 Immunization. Virtual Care accepted.</i>	\$50	\$75

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 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 Monthly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee	\$5.18	\$9.13
Employee and Spouse	\$9.48	\$16.75
Employee and Child(ren)	\$11.78	\$21.02
Employee and Family	\$16.08	\$28.64

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

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.

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

Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Hospital: An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; 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: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment for drug addiction or alcoholism. The term Hospital also does not include a unit of a Hospital for convalescent, custodial, educational, or hospice.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. 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 hospital, facility or home confined, 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.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate 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 Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by Subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions and Limitations:*

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person. Excludes: treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 120 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons Age 60 and older, and visits for mental or nervous disorders. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person. Treatment must occur within 120 days of the Covered Accident. **Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 120 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident. Limits: payable once per Covered Accident. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident. **Hospital Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; 1 stay per accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit (ICU) Admission Benefit:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, within 90 days due to a Covered Accident. The ICU Admission will be payable on Day 1 and is limited to 10 admissions within a 12 month period during the life of the Policy. Excludes: treatment in an emergency room, provided on an outpatient basis, or for ICU re-admission for the same Covered Accident. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident. Not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Only fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 120 days of the Covered Accident. **Follow-up Physician Office Visit:** Limits: 10 follow up visit(s) for each Covered Person, per Covered Accident for follow up physician office visits. Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 120 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. Follow Up Office Visit can include treatment by providers that are appropriately licensed professionals practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with traumatic Covered Accidents. **Follow-up Physical Therapy Visit:** Limits: 10 follow up visit(s) for each Covered Person, per Covered Accident for follow up physical therapy visits. Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 180 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. **Large Lacerations:** Treatment by Physician must be received within 90 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. Limits: payable 1 time per Covered Accident. **Coma:** Limits: payable 1 time per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma. **Wellness Treatment, Health Screening Test and Preventive Care Benefit:** Limit: 1 per year per Covered Person. **Accidental Death and Dismemberment Rider:** To receive benefits, the death or loss must occur within 365 days of the covered accident. The exclusions that apply to this benefit are in the Common Exclusions Section. If a Covered Person dies as a result of an automobile accident other loss of life benefits will not be paid. If the driver, he/she must hold a current and valid driver's license. If total and permanent loss of speech or hearing in both ears is payable, no benefits will be paid under the dismemberment benefit and total benefits will not exceed the loss of life death benefit. This is not a complete list. See certificate for complete details, including limitations and exclusions that apply to this benefit.

***State Variations**

Spouse definition includes civil union partners in New Hampshire and Vermont, but excludes civil union partners for Idaho residents. **Specific Benefit Exclusions and Limitations:** The timeframe to obtain services following a covered accident is extended in NM, VT and WA, the exclusion for Physician Office Visit does not apply to residents of ID. For residents of TX Emergency Care exclusion is limited to treatment provided by an Immediate Family Member and does not apply to a licensed dentist. **Hospital Stay/Intensive Care Unit Stay** requires a 31-day minimum for Idaho residents. See your Certificate for detail. For residents of NH Hospital/Intensive Care Unit stays within 180 days for the same or a related Covered Accident are considered one Stay. Common Exclusions may vary for residents of AK, ID, LA, MN, NC, NM, SC, SD, VT and WA. **Wellness**

Treatment, Health Screening Test and Preventive Care Benefit is not available to residents of ID. For residents of WA it is titled Health Screening Test or Preventive Care and for residents of OR it is titled Wellness Treatment and Health Screening Test Benefit. 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 the effective date won't be deferred due to ability to perform ADLs. Ground or Water Ambulance/Air Ambulance benefits may differ for residents of CT. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. Portability conditions may differ for residents of AK, AR, CT, FL, ID, LA, ME, MD, MS, NH, NC, ND, SC, TX, VT, WA, and WI. Covid-19 Test and Screening benefits are not available to residents of ID and WA. **Physician Office Visit** will always be available to residents of AK, VT, and WA. Emergency Care Treatment, Diagnostic Exam, and Ambulance benefit(s) will always be available to residents of VT and WA. **Hospital Stay/Intensive Care Unit Stay** benefit(s) will always be available to residents of VT. **Hospital Stay/Intensive Care Unit Stay** additional benefits may be available to resident of ID and NH. **Covered Accident** definition differs for residents of AR, ID, NM, VT and WA. Benefits may not be available or may be limited to residents of NM. Covered Injury definition differs for residents of NM. Covered Loss definition differs for residents of NM, VT. Hospital definition differs for residents of NH and VT. **Accidental Death and Dismemberment:** Benefit a minimum benefit of \$1,000 for Loss of Finger or Loss of Toe will be available for residents of NH.

Series 1.0

Terms and conditions of coverage for Accidental Insurance are set forth in Group Policy No. AI112850. 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 and/or features may vary by state. Please keep this material as a reference.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO 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, contact a Cigna Healthcare representative. Accidental Injury, Critical Illness, and Hospital Care plans or insurance policies are distributed exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna Healthcare names, logos, and marks are owned by Cigna Intellectual Property, Inc.

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The Azoff Company LLC
Group Accidental Injury Proposal
Accidental Injury Insurance
Schedule of Benefits Summary

Eligibility	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 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.
Eligibility Waiting Period	<p>The standard recommended Eligibility Waiting Period is:</p> <p>First of month after 30 days from date of hire or Active Service.</p> <p>Credit will be given for the period of time of Active Service before the Policy effective date.</p> <p>The actual Eligibility Waiting Period is determined by the Employer.</p>
Initial Enrollment Event	Guarantee issue coverage available for eligible new employees, spouse, domestic partner, or civil union partner and dependent children
Annual/Scheduled Enrollment Events	<p>Open</p> <p>Allowed on an annual basis</p> <p>Guarantee issue coverage available for all eligible employees, spouse, domestic partner, or civil union partner, and dependent children.</p>
Late Enrollment <div style="display: flex; justify-content: space-between;"> <div> <i>Late Enrollees</i> <i>Life Status Enrollees</i> </div> <div> <p>Not permitted outside of annual enrollment event.</p> <p>All eligible Employees are able to apply for coverage or increase coverage for themselves and apply for or increase coverage for their spouse, domestic partner, or civil union partner and dependent children due to life status events without satisfying medical evidence of insurability so long as they apply within 31 days of such event.</p> <p>Life Status events include: marriage; loss of a spouse, domestic partner, or civil union partner (whether by death, divorce, annulment or legal separation); birth or adoption of a child, or acquiring a child through marriage; a change in the group benefit plan available to the Employee's spouse, domestic partner, or civil union partner; a change in the Employee's employment status that affects eligibility for group benefits for either the Employee or His spouse, domestic partner, or civil union partner; termination of a spouse, domestic partner, or civil union partner's employment; and as specified in the Employer's Plan which this Policy insures.</p> </div> </div>	
Participation Requirement	10 enrolled Employees
SUMMARY OF BENEFITS	
Benefit Waiting Period	None for Employee benefits unless otherwise stated.
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)	100% of the Benefit Amount shown

(Spouse, Domestic Partner, or Civil Union Partner to age 100 is eligible for coverage if employee is enrolled)	
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
Coverage	Pays a fixed benefit according to the schedule below. This is a group accident 24 hour insurance policy.

Coverage and Benefit Amounts	Series CHLIC 1.0 LOW/MID PLANS
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INITIAL CARE AND EMERGENCY CARE

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Emergency Care Treatment	\$100	\$200
Limited to 1 per accident.		
Physician Office Visit – Includes urgent care, Virtual Care accepted	\$50	\$100
Limited to 1 per accident.		
Diagnostic Exam (x-ray or lab)	\$50	\$75
Limited 1 per accident.		
Ground / Water Ambulance (to nearest hospital)	\$300	\$400
Air Ambulance	\$1,200	\$1,600
Limited 1 per accident.		

HOSPITALIZATION

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Hospital Admission	\$500	\$1,000
Limited to 1 per accident.		
Hospital Stay	\$100 per day	\$200 per day
Limited to 365 days, 1 stay per accident.		
Intensive Care Unit Stay	\$200 per day	\$400 per day
Limited to 365 days, 1 stay per accident.		

FRACTURES

Limited to 1 per accident.

<u>Benefit Type</u>	<u>Plan 1</u>		<u>Plan 2</u>	
	<u>Benefit Amount</u>		<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>	<u>Non-Surgical</u>	<u>Surgical</u>
Skull	\$2,000	\$4,000	\$4,000	\$8,000
Hip or Thigh	\$2,000	\$4,000	\$4,000	\$8,000
Vertebrae or Pelvis	\$2,000	\$4,000	\$4,000	\$8,000
Upper Arm	\$500	\$1,000	\$1,000	\$2,000
Shoulder or Collarbone	\$500	\$1,000	\$1,000	\$2,000
Leg	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$400	\$800	\$800	\$1,600
Kneecap	\$400	\$800	\$800	\$1,600
Lower Arm	\$400	\$800	\$800	\$1,600
Foot	\$400	\$800	\$800	\$1,600
Hand or Wrist	\$400	\$800	\$800	\$1,600
Upper Jaw	\$300	\$600	\$600	\$1,200
Lower Jaw	\$300	\$600	\$600	\$1,200
Bones of Face or Nose	\$300	\$600	\$600	\$1,200
Vertebral Processes	\$300	\$600	\$600	\$1,200
Rib	\$100	\$200	\$200	\$400

More than 1 rib fracture pays 2 times the Benefit Amount				
Coccyx	\$100	\$200	\$200	\$400
Finger	\$50	\$100	\$100	\$200
More than 1 finger pays 2 times the Benefit Amount				
Toe	\$50	\$100	\$100	\$200
More than 1 toe fracture pays 2 times the Benefit Amount				
Sternum	\$50	\$100	\$100	\$200
Heel	\$50	\$100	\$100	\$200
Chip Fracture	25% of closed fracture benefit	N/A	25% of closed fracture benefit	N/A
Multiple Fractures	200% of the single fracture benefit for multiple fractures to the same bone	N/A	200% of the single fracture benefit for multiple fractures to the same bone	N/A

DISLOCATIONS

Limited to 1 per accident

Benefit Type	Plan 1		Plan 2	
	Benefit Amount		Benefit Amount	
	Non-Surgical	Surgical	Non-Surgical	Surgical
Hip Joint	\$2,000	\$4,000	\$3,000	\$6,000
Knee Joint	\$2,000	\$4,000	\$3,000	\$6,000
Bones of Foot	\$2,000	\$4,000	\$3,000	\$6,000
Ankle	\$500	\$1,000	\$1,000	\$2,000
Wrist	\$400	\$800	\$800	\$1,600
Elbow	\$300	\$600	\$600	\$1,200
Shoulder	\$200	\$400	\$400	\$800
Hand	\$200	\$400	\$400	\$800
Collarbone	\$200	\$400	\$400	\$800
Lower Jaw	\$200	\$400	\$400	\$800
Finger or Toe	\$50	\$100	\$100	\$200

More than 1 finger or toe pays **2** times the benefit

FOLLOW UP CARE – *Virtual Care accepted*

Benefit Type	Benefit Amount	
	Plan 1	Plan 2
Follow up Physician Office Visit <i>(includes medical professionals)</i> Limited to 10 Visits treatments per accident.	\$50	\$75
Follow up Physical Therapy Visits Limited to 10 Visits treatments per accident.	\$25	\$50

Benefit – Specific Conditions, Exclusions & Limitations

- **Ambulance:** Only one benefit will be paid whichever is the greater amount.
- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Accident. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.
- **Hospital Stay:** Must be admitted for at least 23 hours or as an Inpatient and confined to the Hospital, due to a Covered Accident, 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 Accident, whichever is greater. Hospital stays within 90 days for the same or a related Covered Accident is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted for at least 23 hours or Inpatient and confined in an ICU of a Hospital, due to a Covered Accident, 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 Accident, whichever is greater. ICU stays within 90 days for the same or a related Covered Accident is considered one ICU stay.
- **Follow up Physician Office and Physical Therapy Visits*:** Must be examined, treated or prescribed by Physician. First examination or treatment must be within 120 days of the Covered Accident, Physical Therapy Visits within 180

days. Subsequent Follow up Treatment must be completed within 365 days from the Covered Accident. **Follow up Physician Office visit can include providers that are appropriately licensed professionals, including but not limited to those practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with Covered Accidents.*

- **Fracture:** If more than fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture.
- **Dislocation:** If more than dislocation, only one benefit will be paid, whichever is the greater amount.
- **Other:**
 - Requires admissions, stays, diagnostic exams, diagnosis, visits, ambulance trips, or treatment to be within 120 days of a Covered Accident. Emergency care within 30 days.
 - If eligible for Physician Office or Emergency Care benefits for the same Covered Accident, only one benefit will be payable, whichever is greater. Not eligible for Physician Office benefit if eligible to receive benefits under Emergency Treatment.
 - Some benefits require services to be performed, prescribed or recommended by a Physician.

Optional Benefits (availability may vary by state)

ENHANCED ACCIDENT BENEFITS (Low & Mid)

Pays additional fixed benefits per schedule below.

Benefit Waiting Period	None	
Pre-Existing Condition Limitation	Does not apply	
Employee Benefits	100% of the Benefit Amount shown	
Spouse, Domestic Partner, or Civil Union Partner Benefits	100% of the Benefit Amount shown	
Dependent Child(ren) Benefits	100% of the Benefit Amount shown	
Age Based Reductions	None	
Benefit Type	Benefit Amount	
Limited to 1 per Covered Accident, unless otherwise indicated.	Plan 1	Plan 2
Small Burns (2 nd or 3 rd degree – 20% or less of body)	\$100	\$300
Large Burns (2 nd degree – More than 20% of body)	\$750	\$1,000
Large Burns (3 rd degree – More than 20% of body)	\$7,500	\$10,000
Skin-Graft Benefit (if burn benefit paid)	50% of the applicable Benefit amount for Small Burns or Large Burns	50% of the applicable Benefit amount for Small Burns or Large Burns
Lacerations Limited to 2		
Small Lacerations (<6 inches with 2+ sutures)	\$50	\$100
Large Lacerations (>6 inches with 2+ sutures)	\$400	\$600
General Anesthesia Benefit	\$50	\$100
Medicine Benefit	\$5	\$10
Medical Supply Benefit	\$5	\$10
Abdominal or Thoracic Surgery	\$1,000	\$1,250
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Repair	\$200	\$400
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Exploratory	\$100	\$150
Ruptured Disc Surgery - Repair	\$500	\$750
Eye Injury Surgery	\$200	\$400
Eye Injury – Removal of Foreign Object	\$100	\$200
Emergency Dental – Extraction	\$75	\$150
More than 1 tooth pays 2 times the Benefit Amount		
Emergency Dental – Broken Tooth	\$50	\$75
More than 1 tooth pays 2 times the Benefit Amount		

Concussion	\$100	\$150
Coma	\$5,000	\$10,000
Diagnostic Advanced	\$100	\$150
Appliance (Durable Medical Equipment)	\$50	\$150
Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements		
Prosthesis (arm, leg, hand, foot, eye)	\$400	\$1,000
Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements		
Paralysis – Paraplegia (>30 days)	\$1,000	\$5,000
Paralysis – Quadriplegia (>30 days)	\$2,000	\$10,000
Blood, plasma, platelets	\$100	\$200
Transportation (100+ miles one-way)	\$400	\$400
This benefit is limited 1 time per Covered Accident. Treatment not available locally with required Hospital Stay.		
Family Lodging (100+ miles one-way)	\$100 per day	\$150 per day
Limited to 30 days. This benefit is payable 1 times per Covered Accident. Treatment not available locally with required Hospital Stay.		
<u>Benefit – Specific Conditions, Exclusions & Limitations</u> <ul style="list-style-type: none"> • Abdominal or Thoracic Surgery: If paid, no other surgical benefit will be paid. • Eye Injury - Removal of Foreign Object: If Eye Surgery benefit is paid, this benefit will not be paid for or during the same procedure. • Burns: Excludes sunburn. • Medical Supplies: Excludes durable medical equipment. • Coma: Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Not payable if a coma is medically induced. • Prosthesis: Benefits not payable if payable under the Accidental Dismemberment Benefit. • Paralysis: If more than one benefit is payable, only the largest available benefit will be paid. • Transportation: Benefits will not be payable if Ambulance benefit is paid. • Other: <ul style="list-style-type: none"> • Some benefits require stays, treatment, services or items to be diagnosed, performed, prescribed or recommended by a Physician, or in the case of Anesthesia if benefit is payable, a Nurse Anesthetist. For dental services, they must be performed by a licensed dentist. • Requires surgery, treatment, grafting, diagnosis, purchases, extractions, transfusions, or exams to be within 120 days of a Covered Accident. 		

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS (Level 1 & Level 2)

Pays benefits for Accidental Death, Dismemberment and other listed conditions.

Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply
Employee Benefits	100% of the Benefit Amount shown
Spouse, Domestic Partner, or Civil Union Partner Benefits	50% of the Benefit Amount shown
Dependent Child(ren) Benefits	50% of the Benefit Amount shown
Age Based Reductions	None

ACCIDENTAL DEATH BENEFITS

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Loss of Life Accidental Death	\$25,000	\$50,000
Automobile Accidental Death	\$25,000	\$50,000
Common Carrier Accidental Death	\$75,000	\$100,000

CATASTROPHIC DISMEMBERMENT LOSS BENEFITS

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Sight in Both Eyes	\$20,000	\$30,000
Both Hands or Arms	\$20,000	\$30,000
Both Feet or Legs	\$20,000	\$30,000
Speech and Hearing in Both Ears	\$20,000	\$30,000
Speech or Hearing in Both Ears	\$10,000	\$15,000
One Hand or Arm and One Foot or Leg	\$10,000	\$15,000
One Hand, Arm, Foot, Leg, or Sight in one Eye	\$10,000	\$15,000

DISMEMBERMENT BENEFIT

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Finger	\$1,000	\$2,000
Toe	\$1,000	\$2,000

Loss of more than 1 finger or toe pays 2 times the benefit

Benefit – Specific Conditions, Exclusions & Limitations

- Loss must occur within 365 days of the Covered Accident.
- If a Covered Person dies as a result of an automobile accident or common carrier accident, the Loss of Life Accidental Death benefit will not be paid. To receive the Auto Accident Death benefit, the person must be wearing and properly using the seatbelt and the auto equipped with the manufacturer's originally air bag system, and if the driver, hold a valid license. Common Carrier benefit, the person cannot be the operator. If more than one benefit is payable for the same accident, only the largest available benefit is payable and death benefits will be reduced by payable Dismemberment Benefits.
 - If Catastrophic Dismemberment Benefits are payable, no benefits will be paid for Dismemberment and total benefits will not exceed the Accidental Death Benefit and in the case of Dismemberment Benefits, the Loss of Life Accidental Death Benefit.

WELLNESS TREATMENT, HEALTH SCREENING AND PREVENTIVE CARE BENEFIT (Level 1 & Level 2) (WPID)

This coverage is payable if a Covered Person undergoes or receives Wellness Treatment, Health Screening Tests, and/or Preventive Care as defined by the Policy. See examples below. *Virtual Care accepted.*

Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply

Employee Benefit	100% of the Benefit Amount shown	
Spouse, Domestic Partner, or Civil Union Partner Benefit	100% of the Benefit Amount shown	
Dependent Child(ren) Benefit	100% of the Benefit Amount shown	
Age Based Reductions	None	
<u>Benefit Type</u>	<u>Benefit Amount</u>	
	Plan 1	Plan 2
Wellness Treatment, Health Screening Test and Preventive Care Benefit	\$50 per day	\$75 per day
Limited to 1 per year		
<i>Examples include (but are not limited to) general health exams, routine dental, vision, gynecological exams, mammography and certain blood tests. Also includes COVID-19 Immunization.</i>		

Continuation Options	
CONTINUATION OF INSURANCE	Family Medical Leave – 12 weeks Leave of Absence – 12 weeks Temporary Layoff – 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: Coverage continues 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*	
<u>Integration Services</u>	
Cigna Simple FileSM® – All capabilities dependent upon receipt of ongoing SHS eligibility feed 1. Auto compare: Cigna automatically reminds eligible customers who have qualifying claims to file their eligible Cigna accidental injury, critical illness, or hospital care claims. This service is dependent upon receipt of data. 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® (MSA) : One on one expert money-coaching for all types of financial planning and challenges for every stage of life along with access to online financial digital tools, webinars, and video courses. CLC : Attorney consultations for multiple types of legal matters, including identity theft, domestic relations, estate planning, and online tools for state-specific wills and other important legal documents. Cigna Healthy Rewards® : Discounts on health and wellness services, including vision and hearing care, diet programs, fitness and weight management, massage, chiropractic care and acupuncture, and more.	
*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 Person: An eligible person who is enrolled for coverage under the Policy.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:

- occurs while the Covered Person is insured under this Policy;
- is not contributed to by disease, sickness, mental or bodily infirmity;
- is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results, directly and independently of all other causes, from a Covered Accident.

Covered Loss: A loss that is:

- the result, directly and independently of all other causes, from a Covered Accident; and
- one of the Covered Losses specified in the *Schedule of Benefits*
- suffered by the Covered Person within the applicable time period specified in the *Schedule of Benefits*.

Hospital: an institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; 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, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, or nursing care; or (2) the aged, drug addicts or alcoholics.

Common Exclusions:

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss which, directly or indirectly, 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 or insane.
2. Commission or attempt to commit a felony or an assault.
3. Declared or undeclared war or act of war.
4. A Covered Loss 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 Loss occurred.
7. Bungee jumping; parachuting; skydiving; parasailing; hang-gliding.
8. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
 - a. except as a fare-paying passenger on a regularly scheduled commercial airline;
 - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
 - c. being used for:
 - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
 - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);

- d. designed for flight above or beyond the earth's atmosphere;
 - e. an ultra-light or glider;
 - f. being used for the purpose of parachuting or skydiving;
 - g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
9. Travel in any Aircraft owned, leased or controlled by the Policyholder/Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder/Subscriber if the Aircraft may be used as the Policyholder/Subscriber wishes for more than 10 straight days, or more than 15 days in any year.
10. 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.
11. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.

Policy 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/Subscriber 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 Loss that is the result, directly and independently of all other causes, of a loss that occurs while insurance was in effect.

Individual Termination:

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. If portability is offered, your coverage may be continued.

COMMISSION SUMMARY

Rate includes a flat 15% commission payable on collected premiums.

Producer Compensation

Cigna companies may have entered into, or may enter into, agreements with brokers, under which the insurance company compensates brokers for providing marketplace intelligence and other services intended to enhance the effectiveness of the insurance company's business. Cigna companies may invite brokers to participate in events sponsored by the insurance company for the same purposes. Any compensation paid may be based on meeting targets for new business production and persistency, and, if paid, is funded from the insurance company's overhead and is based on the broker's overall book of business with the insurance company. Any such payments are separate from commissions and, if applicable, will be included in ERISA Form 5500, Schedule A information provided by the insurance company.

PROPOSAL ASSUMPTIONS

- Unless stated otherwise in the class definition(s), our eligibility requirements assume that employees are *working on a Full-time basis*. Part-time, seasonal, temporary, contracted, leased or severed employees are not eligible, unless otherwise noted.
- The rates and fees quoted within the proposal are based on information furnished to Cigna for the purpose of developing a proposal of group insurance. Cigna has assumed that the demographic and plan design information provided will be an accurate representation of your company at the time of implementation. Premium rates will not change unless Cigna provides advance written notice as specified in the policy's changes in premiums provision, subject to exceptions in the policy and the policy's termination provisions. These rates assume that the number of eligible or insured employees does not change by more than 10% from the date of the census provided. Rates may differ slightly due to rounding.
- This proposal is not an insurance contract. Should your company decide to install the plan of benefits described within this proposal, your company's representative will receive a contract of insurance and related documents that describes the final benefit and service selections agreed to by you, the employer, and Cigna. All benefits will be subject to the terms of that contract.

- The terms and availability of any benefit are subject to the laws and regulations of the jurisdiction in which the policy is issued, jurisdictions whose laws apply to out-of-state groups, and federal laws and regulations. If a benefit in force under the policy is determined by the underwriting company at any later time to not meet applicable laws or regulations, the company may immediately amend any such benefit, including the discontinuance of the benefit under the policy.
- This proposal assumes that a group master policy will be delivered in Wyoming to a trustee for the benefit of the Employer and its eligible employees. The terms and availability of this proposal are subject to the laws of Wyoming and may be subject to change if the state of delivery is different. In addition, some jurisdictions require supplemental filing/approval for out-of-state policies covering their residents. As a result, coverage may not be available to employees in all states or coverage may vary slightly.

- This proposal assumes a minimum required lead time for implementation of 30 days prior to enrollment period.

NOTE: This proposal reflects coverage being funded on a post-tax basis.

Group accidental injury policies are issued and administered by Cigna Health and Life Insurance Company and insured by Cigna Health and Life Insurance Company, 900 Cottage Grove Rd, Bloomfield, CT 06002. Policy forms: Accidental Injury - GAI-00-1000

RATE SUMMARY			
Quoted Number of Eligible Lives		175	
Rates Per Insured Class			
Monthly			
<u>Employee Paid</u>			
		<u>Plan 1</u>	<u>Plan 2</u>
	Employee	\$5.18	\$9.13
	Employee + Spouse*	\$9.48	\$16.75
	Employee + Child(ren)	\$11.78	\$21.02
	Family	\$16.08	\$28.64

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

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