



Insured by Cigna Health and Life Insurance Company

Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: The Azoff Company LLC

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 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:

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.

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

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	\$250 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Aortic & Cerebral Aneurysm	25%	25%
Advanced Heart Failure	25%	Not Available
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
Infectious Conditions		
Severe Sepsis	25%	25%

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
<u>Childhood Conditions*</u>		
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	Not Available
Muscular Dystrophy	100%	Not Available
Poliomyelitis	100%	Not Available
Sickle Cell Anemia	100%	Not Available
Heart Wall Malformation	100%	Not Available
<u>Other Specified Conditions</u>		
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%
Advanced Obesity	25%	25%
Crohn's Disease	25%	Not Available
Pulmonary Embolism	25%	25%

For Childhood Conditions please refer to the beginning of the Available Coverage section above for details on how much coverage is available for covered children.

Wellness Treatment, Health Screening Test and Preventive Care Benefit*	Benefit Amount
The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. <i>Also includes COVID-19 Immunization. Virtual Care accepted.</i>	\$50 1 per year

Benefits	
Initial Critical Illness Benefit	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 day separation period between the dates of diagnosis is required.*
Recurrence Benefit	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.
Skin Cancer Benefit	Pays benefit stated above.

Additional Benefits	
Hospital Indemnity - Newborn NICU Benefit* Pays when a newborn child of the Employee is confined to a hospital in the Neonatal Intensive Care Unit, payable even if the coverage for child is not elected. No other benefits are available for any other Covered Person.	Newborn Neonatal Intensive Care (NICU) Stay: 25% of the issued Employee Benefit Amount Limited to 1 benefit per newborn child

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 Monthly Cost of Coverage:

Benefit Amount: \$10,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<25	\$3.95	\$6.34	\$5.48	\$7.88
25 to 29	\$4.44	\$7.12	\$5.97	\$8.65
30 to 34	\$5.28	\$8.45	\$6.81	\$9.98
35 to 39	\$7.31	\$11.65	\$8.85	\$13.19
40 to 44	\$9.62	\$15.30	\$11.15	\$16.84
45 to 49	\$13.52	\$21.48	\$15.06	\$23.02
50 to 54	\$18.19	\$28.84	\$19.72	\$30.37
55 to 59	\$25.75	\$40.77	\$27.28	\$42.30
60 to 64	\$32.68	\$51.74	\$34.22	\$53.28
65 to 69	\$42.79	\$67.78	\$44.33	\$69.32
70 to 74	\$55.92	\$88.51	\$57.45	\$90.04
75 to 79	\$72.90	\$115.31	\$74.43	\$116.85
80 to 84	\$86.37	\$136.55	\$87.91	\$138.08
85 to 89	\$113.83	\$179.78	\$115.36	\$181.32
90 to 94	\$113.83	\$179.78	\$115.36	\$181.32
95+	\$113.83	\$179.78	\$115.36	\$181.32

Benefit Amount: \$20,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<25	\$7.90	\$12.68	\$10.96	\$15.76
25 to 29	\$8.88	\$14.24	\$11.94	\$17.30
30 to 34	\$10.56	\$16.90	\$13.62	\$19.96
35 to 39	\$14.62	\$23.30	\$17.70	\$26.38
40 to 44	\$19.24	\$30.60	\$22.30	\$33.68
45 to 49	\$27.04	\$42.96	\$30.12	\$46.04
50 to 54	\$36.38	\$57.68	\$39.44	\$60.74
55 to 59	\$51.50	\$81.54	\$54.56	\$84.60
60 to 64	\$65.36	\$103.48	\$68.44	\$106.56
65 to 69	\$85.58	\$135.56	\$88.66	\$138.64
70 to 74	\$111.84	\$177.02	\$114.90	\$180.08
75 to 79	\$145.80	\$230.62	\$148.86	\$233.70
80 to 84	\$172.74	\$273.10	\$175.82	\$276.16
85 to 89	\$227.66	\$359.56	\$230.72	\$362.64
90 to 94	\$227.66	\$359.56	\$230.72	\$362.64
95+	\$227.66	\$359.56	\$230.72	\$362.64

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

Benefit Reductions, Common Exclusions and Limitations:

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, 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.

Aortic and Cerebral Aneurysm, expansion of blood vessel(s), which if not treated, can rupture. Excludes surgical repair of complications resulting from prior repair for an aneurysm.

Advanced Heart Failure, inadequate blood flow to meet the body's demands resulting in the inability to carry on any physical activity without intervention. Excludes heart attack, coronary artery disease, pulmonary embolism, and arrhythmias.

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.

Severe Sepsis, Infection that spreads into the blood which results in organ dysfunction and low blood pressure. Excludes relapse of the underlying bacterial infection causing the Severe Sepsis. Must be treatment free for Invasive Cancer and Carcinoma in Situ and have an inpatient admission.

Cerebral Palsy, brain injury or abnormality occurring within 24 hours of birth resulting in developmental brain disorder.

Cystic Fibrosis, progressive disorder that affects exocrine glands.

Muscular Dystrophy, progressive disorder that interferes with formation of healthy muscles.

Poliomyelitis, acute, infectious disease caused by the poliovirus with indicated signs of the disease. Excludes non-paralytic polio or post-polio syndrome.

Sickle Cell Anemia, Blood disorder which produces distorted (sickled) red blood cells. Excludes the sickle cell trait.

Heart Wall Malformation, A congenital malformation of the heart for which a physician has prescribed surgery or catheter based treatment within 1 year of birth.

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.

Specific Definitions, Benefit Exclusions and Limitations:

Advanced Obesity, condition whereas excess body fat results in a physician prescribing bariatric surgery consistent with evidence based medical standards.

Crohn's Disease, chronic inflammatory disease of the digestive tract. Excludes irritable bowel syndrome or ulcerative colitis.

Pulmonary Embolism, obstruction of the arteries that carries blood to the lungs. Excludes blood clot confined to the lower extremities or pelvis.

***Benefits-Specific Conditions, Exclusions and Limitations (Additional Benefits):

Hospital Indemnity: The Common Exclusions apply to this Additional Benefit. In addition, the following applies:

Newborn Neonatal Intensive Care (NICU) Stay: Must be admitted as an inpatient and confined in an NICU of a Hospital at the direction and under the care of a physician. Cannot be discharged from Hospital prior to be admitted to NICU.

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. **Newborn Neonatal Intensive Care (NICU) Stay**: may not be available for residents of ID, MD, ND, 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. **Wellness Treatment and Preventive Care Benefit** is referred to as Health Screening Test or Preventive Care Benefit in WA and Wellness Treatment and Health Screening Test Benefit Rider in OR. Healthy Living Preventive Care Benefits may not be available to NC residents.

Wellness Treatment, Health Screening Test or Preventive Care Benefit dental and ophthalmological exam benefits are not available to residents of NH and WA. Covid-19 Test and Screening benefits are not available to residents of NH. 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. CI112753. 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.

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. .

The Azoff Company LLC
Group Critical Illness Proposal
Critical Illness 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	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 <i>Late Enrollees</i> <i>Life Status Enrollees</i>	<p>Not permitted outside of the annual enrollment event.</p> <p>All eligible Employees are able to apply for 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>
Participation Requirement	10% of eligible employees or 10 enrolled employees (whichever greater)
SUMMARY OF BENEFITS	
Benefit Waiting Period	None.
Pre-Existing Condition Limitation	Does not apply.
Employee Benefit Amount(s)	Voluntary Benefits Amounts (options for employee selection): \$10,000, \$20,000

	\$20,000 Guaranteed Issue
Spouse, Domestic Partner, or Civil Union Partner Benefit Amount(s) (Spouse, Domestic Partner, or Civil Union Partner to age 100 is eligible for coverage if employee is enrolled)	Voluntary Benefits Amounts (options for spouse, domestic partner, or civil union partner selection): 50% of issued employee benefit amount (Guaranteed Issue)
Dependent Child Benefit Amount(s) Child only eligible if Employee is enrolled Birth to 26; 26+ if disabled	Voluntary Benefits Amounts (options for child selection): 25% of issued employee benefit amount
Age Based Reductions	None.
Initial Critical Illness Benefit	Pays a lump sum benefit direct to the insured, unless otherwise assigned, upon the date of diagnosis made after the coverage effective date, for each of the Covered Conditions listed below. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage for the diagnosis of the Covered Condition shown below. Each Covered Condition will be payable one time per Covered Person. A 180 separation period between the dates of diagnosis is required.
Recurrence Critical Illness Benefit	Benefits will be paid for the diagnosis of a subsequent and same Covered Condition that has already received a benefit payout under this policy after a 12 month separation period from the previous diagnosis.
Skin Cancer Benefit	Pays a flat dollar benefit. See below for Benefit Amount.
Maximum Lifetime Limit	Does not Apply.

Coverage and Benefit Amounts Series CHLIC 1.0		
CRITICAL ILLNESS COVERAGE LIST OF COVERED CONDITIONS		
<u>Cancer Conditions</u>	<u>Option 1</u> <u>% of initial Benefit Amount</u>	<u>Recurrence</u> <u>% of initial Benefit Amount</u>
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
	<u>Benefit Amount</u>	
Skin Cancer	\$250 1x per lifetime	Not Available
<u>Vascular Conditions</u>	<u>Option 1</u> <u>% of initial Benefit Amount</u>	<u>Recurrence</u> <u>% of initial Benefit Amount</u>
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Aortic & Cerebral Aneurysm	25%	25%
Advanced Heart Failure	25%	Not Available
<u>Nervous System Conditions</u>	<u>Option 1</u> <u>% of initial Benefit Amount</u>	<u>Recurrence</u> <u>% of initial Benefit Amount</u>
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

<u>Infectious Conditions</u>	<u>Option 1</u> <u>% of initial Benefit Amount</u>	<u>Recurrence</u> <u>% of initial Benefit Amount</u>
Severe Sepsis	25%	25%
<u>Childhood Conditions</u>	<u>Option 1</u> <u>% of initial Benefit Amount</u>	<u>Recurrence</u> <u>% of initial Benefit Amount</u>
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	Not Available
Muscular Dystrophy	100%	Not Available
Poliomyelitis	100%	Not Available
Heart Wall Malformation	100%	Not Available
Sickle Cell	100%	Not Available
*For Childhood Conditions please refer to the Dependent Child Benefit Amount(s) section above for details on how much coverage is available for covered children.		
<u>Other Specified Conditions</u>	<u>Option 1</u> <u>% of initial Benefit Amount</u>	<u>Recurrence</u> <u>% of initial Benefit Amount</u>
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%
Advanced Obesity	25%	25%
Crohn's Disease	25%	Not Available
Pulmonary Embolism	25%	25%

Benefit – Specified Conditions, Exclusions & Limitations

In addition to the Common Exclusions, the following additional conditions, exclusions and limitations apply:

- The date of diagnosis occurs while the Covered Person's coverage under this policy is in force.
- The definition for the Covered Condition is satisfied.
- Only 1 Initial Benefit paid for each Covered Condition per Covered Person. Additional benefits available under the Recurrence benefit.
- Separation periods apply. The separation period will not apply to directly medically related conditions for which a higher benefit amount is payable. However, the second benefit payment will be reduced by the amount of the first benefit paid.
- **Invasive Cancer**, 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 1 year of being diagnosed with cancer while under this coverage.
- **Carcinoma in Situ**, excludes premalignant conditions or conditions with malignant potential, skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ).
- **Stroke**, must have neurological deficits or confirmatory finding 96 hours after the event occurs. 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.
- **Aortic & Cerebral Aneurysm**, excludes surgical repair of complications resulting from repair of an aneurysm.
- **Advanced Heart Failure**, excludes heart attack, coronary artery disease, pulmonary embolism, arrhythmias.
- **Severe Sepsis**, excludes relapse of underlying bacterial infection causing the Severe Sepsis. Must be treatment free for Invasive Cancer or Carcinoma in Situ and have an inpatient hospital admission.
- **Poliomyelitis**, excludes non-paralytic polio or post-polio syndrome.
- **Sickle Cell Anemia**, excludes the sickle cell trait.
- **Heart Wall Malformation**, surgery or catheter based treatment must be prescribed within 1 year of birth.
- **Coma** does not mean any state of unconsciousness intentionally or medically induced from which the Covered Person is able to be aroused.
- **Major Organ Failure**, 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**, excludes loss due to Stroke, Multiple Sclerosis, and Cerebral Palsy.
- **Advanced Obesity**, the bariatric surgery must be physician prescribed consistent with evidence based medical standards.

<ul style="list-style-type: none"> - Crohn's Disease, excludes irritable bowel syndrome or ulcerative colitis. - Pulmonary Embolism, excludes a blood clot confined to the lower extremities or pelvis. 	
Optional Benefits (availability may vary by state)	
WELLNESS TREATMENT, HEALTH SCREENING AND PREVENTIVE CARE BENEFIT (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. <i>Virtual Care accepted.</i>	
Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply
Employee Benefit Spouse, Domestic Partner, or Civil Union Partner Benefit Dependent Child(ren) Benefit	100% of the Benefit Amount shown 100% of the Benefit Amount 100% of the Benefit Amount
Age Based Reductions	None
<u>Benefit Type</u>	<u>Benefit Amount</u>
Level 1	
Wellness Treatment, Health Screening Test and Preventive Care Benefit 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>	\$50 per day
HOSPITAL INDEMNITY BENEFIT	
This coverage is payable when a Covered Person is confined to a Hospital due to covered injury or sickness.	
Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply.
Employee Benefit Spouse, Domestic Partner, or Civil Union Partner Benefit Dependent Child(ren) Benefit	100% of the Benefit Amount shown 100% of the Benefit Amount 100% of the Benefit Amount
Age Based Reductions	None
<u>Benefit Type</u>	<u>Benefit Amount</u>
Newborn Neonatal Intensive Care (NICU) Stay Limited to 1 benefit per newborn child.	25% of EE issued Employee Benefit Amount This benefit is payable to the employee even if child coverage is not elected.
Important Definition: 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 physicians; 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, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

Benefit – Specific Conditions, Exclusions & Limitations

In addition to the Common Exclusions, the following additional conditions, exclusion and limitations apply:

- **Newborn Neonatal Intensive Care (NICU) Stay:** Must be admitted as an inpatient and confined in an NICU of a Hospital at the direction and under the care of physician. Cannot be discharged from Hospital prior to be admitted to NICU.

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*

Integration Services

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 Loss: A loss that is one of the Covered Conditions suffered by the Covered Person within the applicable time period described in this Policy.

Common Exclusions:

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss which, directly or indirectly, in whole or in part, 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 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.
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. "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. A diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

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 critical illness 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: Critical Illness - GCI-02-1000, GCI-02-1000 OR

RATE SUMMARY

Quoted Number of Eligible Lives 175

Premium Frequency Monthly

Employee Paid Monthly Age Banded Rates (Includes Rates for Optional Benefits)

Employee Paid Guaranteed Issue Level: \$10,000

Uni-Tobacco

Attained Age	Employee	Employee & Spouse, Domestic Partner, or Civil Union Partner	Employee & Child(ren)	Employee & Family
0-24	\$3.95	\$6.34	\$5.48	\$7.88
25-29	\$4.44	\$7.12	\$5.97	\$8.65
30-34	\$5.28	\$8.45	\$6.81	\$9.98
35-39	\$7.31	\$11.65	\$8.85	\$13.19
40-44	\$9.62	\$15.30	\$11.15	\$16.84
45-49	\$13.52	\$21.48	\$15.06	\$23.02
50-54	\$18.19	\$28.84	\$19.72	\$30.37
55-59	\$25.75	\$40.77	\$27.28	\$42.30
60-64	\$32.68	\$51.74	\$34.22	\$53.28
65-69	\$42.79	\$67.78	\$44.33	\$69.32
70-74	\$55.92	\$88.51	\$57.45	\$90.04
75-79	\$72.90	\$115.31	\$74.43	\$116.85
80-84	\$86.37	\$136.55	\$87.91	\$138.08
85+	\$113.83	\$179.78	\$115.36	\$181.32

Employee Paid Monthly Age Banded Rates

Employee Paid Guaranteed Issue Level: \$20,000

Uni-Tobacco

Attained Age	Employee	Employee & Spouse, Domestic Partner, or Civil Union Partner	Employee & Child(ren)	Employee & Family
0-24	\$7.90	\$12.69	\$10.97	\$15.75
25-29	\$8.88	\$14.24	\$11.95	\$17.31
30-34	\$10.56	\$16.90	\$13.63	\$19.97
35-39	\$14.63	\$23.30	\$17.70	\$26.37
40-44	\$19.23	\$30.61	\$22.30	\$33.68
45-49	\$27.05	\$42.97	\$30.12	\$46.04
50-54	\$36.38	\$57.68	\$39.45	\$60.75
55-59	\$51.50	\$81.53	\$54.57	\$84.60
60-64	\$65.37	\$103.49	\$68.44	\$106.56
65-69	\$85.58	\$135.57	\$88.65	\$138.64
70-74	\$111.83	\$177.02	\$114.90	\$180.09
75-79	\$145.80	\$230.63	\$148.87	\$233.69
80-84	\$172.74	\$273.10	\$175.81	\$276.17
85+	\$227.66	\$359.56	\$230.73	\$362.63

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