

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**[naic.org](https://www.naic.org)**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Insured by Cigna Health and Life Insurance Company

Employee-Paid

HOSPITAL CARE COVERAGE

SUMMARY OF BENEFITS

Prepared for: The Azoff Company LLC

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness 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 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 the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Waiting Period:* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Hospitalization Benefits	Plan
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,000
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$100
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200
Hospital Observation Stay 24 hours Elimination Period. Limited to 72 hours. 1 benefit(s) for each 24-hour period or pro rata period of observation.	\$100 per 24-hour period
Newborn Nursery Care Stay* Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$200

Portability Feature:* You, your spouse, and child(ren) can continue 100% of your coverage 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:

Tier	Plan
Employee Only	
0-49	\$11.68
50-59	\$10.94
60-69	\$15.45
70+	\$102.18
Employee and Spouse	
0-49	\$29.54
50-59	\$27.02
60-69	\$41.90
70+	\$213.35
Employee and Child(ren)	
0-49	\$19.71
50-59	\$18.98
60-69	\$23.49
70+	\$110.22
Employee and Family	
0-49	\$37.57
50-59	\$35.06
60-69	\$49.94
70+	\$221.38

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.

NOTE: The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.

Benefit Amounts Payable: Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

Hospital Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Chronic Condition Admission: Must be admitted as an Inpatient due to a covered chronic condition. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Stay: Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, 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 Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.

Intensive Care Unit (ICU) Stay: Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, 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 Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.

Hospital Observation Stay: Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours on a non-inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

Newborn Nursery Care Stay: Must be admitted as an Inpatient and confined in a Hospital immediately following birth at the direction and under the care of a physician.

Common Exclusions and Limitations:

Exclusions:* In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Illness which is caused by or results from any of the following (unless otherwise provided for in the policy): • Intentionally self-inflicted injury, suicide or any attempted threat while sane or insane; • Commission or attempt to commit a felony or an assault; • Declared or undeclared war or act of war; • A Covered Injury or Covered Illness 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; • 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 Injury or Covered Illness occurred. (excludes WA residents); • Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for

Common Exclusions and Limitations:

trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect; • Dental surgery, unless the surgery is the result of an accidental injury. In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is: employed or retained by the Subscriber or providing homeopathic, aroma-therapeutic or herbal therapeutic services or living in the Covered Person's household or a parent, sibling, spouse or child of the Covered Person.

Important Definitions:

Covered Illness: A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.

Covered Injury: Any bodily harm that results in a covered loss.

Covered Person: An eligible person, as defined in the Schedule of Benefits, who is enrolled and for whom Evidence of Insurability, where required, has been accepted by Us, required premium has been paid when due, and coverage under this Policy remains in force.

Elimination Period: The continuous period of time that must be satisfied before a benefit shown in the Schedule of Benefits is payable. An Elimination Period may be satisfied during the Policy's Benefit Waiting Period.

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 addicts or alcoholics; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

Policy Provisions:

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 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. Deferral of the effective date will not apply to the Newborn Nursery Care Stay Benefit.

When your coverage ends: Coverage for any Covered Person ends on the earliest of the date they 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 Spouse and Dependent Child(ren), if applicable, 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 if you stop working. Be sure to read the *Continuation of Insurance* 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.

*State Variations

Spouse definition includes civil union partners in Vermont. **Hospital Stay, Hospital Intensive Care Unit (ICU) Stay, and Newborn Nursery Care Stay** the number of days benefits are payable may differ for residents of ID. **Hospital Stay Hospital Intensive Care Unit (ICU) Stay** benefits will always be included for residents of ND. **Hospital Stay** benefits will always be included for residents of AK. **Hospital Intensive Care Unit (ICU) Stay** Additional ICU Admission benefit is not available for residents of TX, NH. **Observation Stay** the Elimination Period is referred to as an Observation Period for residents of ID and ND. **Elimination Period** will not apply to residents ID and NH. **Exclusions** may vary for residents of MN, SC, SD, and WA. **Newborn Nursery Care Stay Benefits** are not available to residents in ID, NH, OR, and WA. **Portability** in TX, VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. **Important Definitions (Hospital)** may vary for residents of LA, NH, TX, UT, VT. Benefits may not be available to residents of NM.

Series 1.0

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.

Terms and conditions of coverage for coverage are set forth in Group Policy No. HC112378. 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.

**The Azoff Company LLC
Group Hospital Care Proposal
Hospital Indemnity 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 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	Not permitted outside of annual enrollment event.
Life Status Enrollees	<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)	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 on base plan.
Coverage	Fixed benefits per schedule below.

Coverage and Benefit Amounts		Series 1.0 PLANS (EHD)
Benefit Type	Benefit Amount	
	Plan 1	
Hospital Admission No elimination period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,000	
Hospital Chronic Condition Admission No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50	
Hospital Stay No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$100 per day	
Hospital Intensive Care Unit Stay No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200 per day	
Hospital Observation Stay 24 hour elimination period. Limited to 72 hours.	\$100 per day	
Newborn Nursery Care Stay Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$200 per day	
Benefit – Specific Conditions, Exclusions & Limitations		
<ul style="list-style-type: none">- Hospital Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).- Hospital Chronic Condition Admission: Must be admitted as an Inpatient due to a covered chronic condition. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).- Hospital Stay: Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, 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 Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.- Intensive Care Unit (ICU) Stay: Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, 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 Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU Stay.- Hospital Observation Stay: Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours, on a non-Inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.- Newborn Nursery Care Stay: Must be admitted as an Inpatient and confined in a Hospital immediately following birth at the direction and under the care of a physician.		

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*	
<p align="center"><u>Integration Services</u></p> <p>Cigna Simple FileSM® – 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 medical data.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>*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.</p>	
POLICY PROVISIONS	
<p>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.</p> <p><u>Important Definitions:</u></p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Covered Illness: A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.</p> <p>Covered Injury: Any bodily harm that results directly in a covered loss</p> <p>Covered Person: An eligible person who is enrolled for coverage under the Policy.</p>	

Hospital: an institution that is licensed as a hospital pursuant to applicable law; it is 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 or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care.

Common Exclusions:

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Illness which 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 thereof 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 Injury or Covered Illness that results from active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
5. 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 Injury or Covered Illness occurred.
6. Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect.
7. Dental surgery, unless the surgery is the result of an accidental injury.
8. 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.

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.

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 hospital indemnity 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: Hospital Indemnity - GHIP-1.2-1000

RATE SUMMARY				
Quoted Number of Eligible Lives		175		
Rates Per Insured Class				
Monthly				
Employee Paid				
Attained Age	Employee	Employee + Spouse*	Employee + Child(ren)	Employee + Family
0-49	\$11.68	\$29.54	\$19.71	\$37.57
50-59	\$10.94	\$27.02	\$18.98	\$35.06
60-69	\$15.45	\$41.90	\$23.49	\$49.94
70+	\$102.18	\$213.35	\$110.22	\$221.38

*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.

Proposal generated by Cigna FQT Rater Version #1.0 U250 Standard Plan