

# CRITICAL ILLNESS INSURANCE

## for the Employees of Ukpeagvik Inupiat Corporation

Offered by Life Insurance Company of North America

<b>Eligibility</b>	<p><i>You</i> — If you are an active, full-time, United States citizen or permanent resident alien employee excluding Washington residents working at least 30 hours per week, you will be eligible to elect coverage based on your employers eligibility waiting period.</p> <p><i>Your Spouse</i> — Up to age 70 is eligible provided that you apply for and are approved for coverage yourself.</p> <p><i>Your Unmarried, Dependent Children</i> — Under age 26, provided that you apply for and are approved for coverage yourself.</p> <p>No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent**.</p> <p>** For Connecticut residents - a Dependent Child may not be covered more than once under the plan. <b>Please Note: If the person who you are applying for coverage is already covered by Medicaid, that person is not eligible for this coverage, and cannot be included in the group.</b></p>	
<b>How Much Coverage Can You Buy?</b>	<p><i>You</i> — Select one from the benefit amounts of \$5,000, \$10,000, \$20,000.</p> <p><i>Your Spouse</i> — is 50% of the employee benefit amount.</p> <p><i>Your Unmarried, Dependent Children</i> — is 25% of the employee benefit amount. <i>No evidence of insurability is required.</i></p>	
<b>Guaranteed Issue Coverage</b>	<p>This guaranteed issue coverage opportunity is available to you during your open enrollment period. You may elect \$20,000 of coverage for yourself and \$10,000 for your spouse without providing medical evidence of good health. Pre-existing condition limitations apply. (see below Exclusions &amp; Limitations)</p>	
<b>Covered Conditions and Benefit Amount Percentage</b>	<b>Covered Conditions</b>	<b>Benefit Amount %</b>
	<b>Invasive Cancer</b> - uncontrolled/abnormal growth or spread of invasive malignant cells (not including skin cancers, unless metastatic disease develops)	100%
	<b>Heart Attack</b> - a clinical event which has at least 2 of the following 3: a) chest pain, b) EKG changes, c) biochemical markers of heart tissue death, that results in permanent functional loss of heart contraction	100%
	<b>Stroke</b> - cerebrovascular event (e.g. cerebral hemorrhage) confirmed by neuroimaging with neurological deficits lasting 30 days or more (not including TIAs, brain injury from trauma/hypoxia/anoxia or hypotension, or disease/disorders of the eyes or ears)	100%
	<b>Renal (Kidney) Failure</b> - chronic irreversible kidney failure requiring hemodialysis or peritoneal dialysis	100%
	<b>Major Organ Transplant</b> - surgical transplant of human-donor organ (liver, lung, pancreas, kidney or heart only) upon first hospitalized day for surgery (1 benefit payable for multi-organ transplants)	100%
	<b>Paralysis</b> - complete and permanent loss of use of 2 or more limbs	100%
	<b>Amyotrophic Lateral Sclerosis</b> (Lou Gehrig's Disease) - motor neuron disease resulting in muscular weakness and atrophy	100%
	<b>Blindness</b> - irreversible reduction of sight (both eyes) with best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less	100%
	<b>Coronary Artery Disease</b> (Surgery) - heart disease/angina requiring Coronary Artery Bypass Surgery, as indicated by angiographic test results. (Not including angioplasty, stent implants or related procedures)	25%*
	<b>Carcinoma in Situ</b> - non-invasive malignant tumor (Not including skin cancers - basal or squamous cell carcinoma or melanoma/melanoma in situ)	25%*
	<p>* If less than 100% of the benefit amount is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.</p> <p><i>Please refer to your policy materials for complete definitions for conditions</i></p>	
<b>Other Plan Features</b>	<p><b>Additional Critical Illness Benefit</b></p> <p>Provides an additional benefit amount equal to the benefit amount for the diagnosis of a <u>subsequent and different</u> covered condition. The Additional Critical Illness Benefit will be payable after 100% of the initial benefit amount has been paid and the subsequent and different Critical Illness is diagnosed 6 months (i.e. a separation period) from the date of diagnosis of the last Critical Illness payable under the initial benefit amount.</p>	

**Health Screening Benefit**

Provides a benefit amount of \$50 for a Health Screening Test taken by a Covered Person. The benefit is limited to payment of one Health Screening Test per calendar year for each Covered Person. Benefit Waiting Period is 30 days following the effective date of the Health Screening Benefit rider.

Eligible Health Screening Test include:

- Mammography
- Pap Smear for women over age 18
- Flexible Sigmoidoscopy
- Hemocult Stool Specimen
- Colonoscopy
- Prostate Specific Antigen (for prostate cancer)
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Serum cholesterol test to determine levels of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography

**How Much Your Coverage Will Cost**

Bi-Weekly Premiums - Non-Tobacco User						
Age	Employee Only			Employee + Spouse		
	\$5,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000
0-29	\$1.68	\$2.53	\$4.24	\$2.96	\$4.28	\$6.91
30-39	\$2.51	\$4.20	\$7.56	\$4.26	\$6.86	\$12.08
40-49	\$4.38	\$7.93	\$15.04	\$7.23	\$12.82	\$23.99
50-59	\$8.10	\$15.36	\$29.90	\$13.07	\$24.49	\$47.34
60-69	\$13.96	\$27.09	\$53.35	\$22.35	\$43.05	\$84.45
70-79	\$16.84	\$32.86	\$64.89	\$26.89	\$52.14	\$102.63
80+	\$19.15	\$37.47	\$74.12	\$30.56	\$59.48	\$117.31
Age	Employee + Child(ren)			Employee + Family		
	\$5,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000
0-29	\$1.79	\$2.71	\$4.56	\$3.07	\$4.45	\$7.22
30-39	\$2.62	\$4.37	\$7.88	\$4.38	\$7.08	\$12.48
40-49	\$4.49	\$8.11	\$15.36	\$7.34	\$12.99	\$24.30
50-59	\$8.20	\$15.54	\$30.22	\$13.18	\$24.67	\$47.65
60-69	\$14.06	\$27.26	\$53.66	\$22.45	\$43.22	\$84.76
70-79	\$16.95	\$33.03	\$65.20	\$27.00	\$52.32	\$102.95
80+	\$19.28	\$37.69	\$74.52	\$30.67	\$59.65	\$117.62

**Bi-Weekly Premiums - Tobacco User**

Age	Employee Only			Employee + Spouse		
	\$5,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000
0-29	\$2.16	\$3.50	\$6.18	\$3.72	\$5.80	\$9.96
30-39	\$3.92	\$7.01	\$13.20	\$6.49	\$11.34	\$21.03
40-49	\$7.59	\$14.35	\$27.87	\$12.29	\$22.92	\$44.20
50-59	\$14.10	\$27.36	\$53.90	\$22.56	\$43.46	\$85.28
60-69	\$22.89	\$44.95	\$89.07	\$36.49	\$71.34	\$141.03
70-79	\$24.09	\$47.35	\$93.87	\$38.36	\$75.08	\$148.51
80+	\$25.50	\$50.16	\$99.50	\$40.60	\$79.56	\$157.46
Age	Employee + Child(ren)			Employee + Family		
	\$5,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000
0-29	\$2.27	\$3.68	\$6.49	\$3.83	\$5.98	\$10.27
30-39	\$4.05	\$7.23	\$13.60	\$6.62	\$11.56	\$21.44
40-49	\$7.69	\$14.52	\$28.19	\$12.39	\$23.10	\$44.52
50-59	\$14.22	\$27.59	\$54.31	\$22.68	\$43.68	\$85.68
60-69	\$22.99	\$45.12	\$89.39	\$36.60	\$71.52	\$141.35
70-79	\$24.19	\$47.52	\$94.19	\$38.47	\$75.25	\$148.82
80+	\$25.62	\$50.39	\$99.91	\$40.73	\$79.78	\$157.87

*Costs are subject to change.*

*Actual per pay period premiums may differ slightly due to rounding.*

**Exclusions and Limitations**

**Benefit Waiting Period:** 0 days following the coverage effective date. Unless otherwise stated, no benefits will be paid for a covered loss which occurs during this time period.

The total amount of all new Cigna group Critical Illness coverage cannot exceed \$20,000.

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:

- intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- commission or attempt to commit a felony or an assault;
- declared or undeclared war or act of war;
- a Covered Loss that results from active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred.

**Benefit Limitations**

These limitations apply to Our payments under the Critical Illness Benefit and Additional Critical Illness Benefit:

1. No more than one Benefit Amount and one Additional Benefit Amount will ever be paid per Covered Person.
2. We will pay the benefit for Coronary Artery Disease and Carcinoma in Situ only once per lifetime per Covered Person.

	<p><b>Pre-Existing Condition Limitation</b></p> <p>We will not pay benefits for a Covered Loss caused or contributed to by, or resulting from, a Pre-existing Condition. The term "Pre-existing Condition" means any Sickness or Injury for which a Covered Person received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or medicines or for which a reasonable person would have consulted a Physician within 12 months before the Covered Person's most recent effective date of insurance, and the most recent effective date of any added or increased amount of insurance.</p> <p>The Pre-Existing Condition Limitation will apply to any added benefits or increases in benefits. This Limitation will not apply to a Covered Loss for which the Date of Diagnosis occurs after the Covered Person is insured under this Policy for at least 12 months after the Covered Person's most recent effective date of insurance, and effective date of any added or increased amount of insurance.</p>
<b>When Your Coverage Begins and Ends</b>	<p>Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospitalized or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician. Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premiums are paid.</p> <p>For your spouse and children, coverage ends when your coverage ends, when their premiums are not paid or when they are no longer eligible.</p> <p><b>30 Day Right To Examine Certificate</b></p> <p>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.</p> <p><b>Portability Feature</b> – This plan allows you to continue all of your in force voluntary coverage at the time you leave your employer. Spouse and Dependent Child coverage may also be continued when you elect to continue your coverage. Coverage under this feature may be continued up to age 100. Rates may change under the terms of the policy. Just make arrangements to pay your premiums directly to the insurance company after you leave your employer.</p>
<b>Apply Today</b>	To enroll in coverage visit: <a href="https://n14.ultipro.com/default.aspx">https://n14.ultipro.com/default.aspx</a>
<b>Payroll Deduction</b>	Premiums are paid through payroll deduction.

***THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE.*** This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. CI960185, on Policy Form GCI-00-1000, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Construction Industry. If there are any differences between this summary and the group policy, the information in the group policy shall prevail. The group policy is subject to the laws of the jurisdiction in which it is issued. Product availability and terms of coverage may vary by state. Rates are subject to change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA 19192.



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