



Offered by Life Insurance Company of North America, a Cigna company

Life Insurance Company of North America

1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits. This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

Your Benefit Summary provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Life Insurance Company of North America.

This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage you may have.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased. Please refer to your Benefit Summary for more information, including a listing of the policy exclusions, limitations, and reductions that may affect benefits payable under the Critical Illness Insurance plan.

WDN – 00-1000.01WA

Employee-Paid
CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: The Western Union Company

Critical Illness insurance provides a benefit when a Covered Person is diagnosed with a covered Critical Illness after coverage is in effect. See *State Variations (marked by *) below.*

Who Can Elect Coverage:

You: All active, full-time & part-time Employees of the Employer who reside in WA and are regularly working a minimum of 15 hours per week, who are United States citizens and permanent resident aliens, regularly working in the United States. Excluding Non-WA residents and Non-U.S. citizens. You will be eligible for coverage the first of the month following date of hire.

Your Spouse/Domestic Partner: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, 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. 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 Amount	Guaranteed Issue Amount
Employee	\$10,000, \$20,000	Up to \$20,000
Spouse	50% of employee amount	Up to \$10,000
Children	50% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Critical Illnesses and Events	Benefit Amount %
Cancer	Uncontrolled/abnormal growth or spread of invasive malignant cells. 100%

Covered Critical Illnesses and Events		Benefit Amount %
Heart Attack	Includes two of the following that cause permanent loss of heart contraction function: 1) Chest pains. 2) EKG changes 3) Biochemical markers of heart tissue death.	100%
Stroke	Cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging with neurological deficits lasting 96 hours or more.	100%
Kidney Failure	Chronic, irreversible function of both kidneys. Requires hemo—or peritoneal dialysis.	100%
Major Organ Failure	Includes: liver, lung, pancreas, kidney, or heart. Happens on first hospitalized day for surgery.	100%
Amyotrophic Lateral Sclerosis	(Also known as Lou Gehrig’s Disease) Motor neuron disease resulting in muscular weakness and atrophy.	100%
Paralysis	Complete, permanent loss of use of two or more limbs due to a disease.	100%
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.	100%
Coronary Artery Disease (Surgery)	Heart disease/angina requiring coronary artery bypass surgery, as indicated by angiographic test results.	25%*
Carcinoma in Situ	Non-invasive malignant tumor.	25%*

* If covered person received the 25% benefit, the remaining 75% benefit will be available for a diagnosis of another covered condition.

These are summarized definitions only. To be eligible for coverage, the covered Critical Illness or event must meet the definitions and other terms and conditions set forth in the group policy.

Additional Benefits

Health Screening Benefit	Examples include (but are not limited to) mammography, bone marrow testing, pap smear (for women over age 18), breast ultrasound, colonoscopy, and certain blood tests.	\$50
Recurrence Benefit	Provides an additional benefit equal to 100% of the benefit amount and percentage for the diagnosis of a subsequent and same covered condition that has received a benefit payout from a previous diagnosis, after a 12 month separation period from previous diagnosis.	

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 70 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Per Paycheck Cost of Coverage:

Benefit Amount: \$10,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.89	\$2.20	\$3.33	\$3.83	\$2.05	\$2.36	\$3.50	\$3.99
25 to 29	\$2.11	\$2.67	\$3.68	\$4.57	\$2.28	\$2.84	\$3.85	\$4.73
30 to 34	\$2.66	\$3.74	\$4.53	\$6.21	\$2.83	\$3.90	\$4.69	\$6.38
35 to 39	\$3.46	\$5.65	\$5.92	\$9.44	\$3.63	\$5.81	\$6.09	\$9.61
40 to 44	\$4.41	\$7.69	\$7.43	\$12.70	\$4.58	\$7.86	\$7.60	\$12.86
45 to 49	\$6.33	\$12.02	\$10.45	\$19.51	\$6.49	\$12.18	\$10.62	\$19.67
50 to 54	\$9.18	\$17.40	\$14.80	\$27.84	\$9.34	\$17.57	\$14.97	\$28.01
55 to 59	\$12.65	\$23.80	\$20.29	\$37.85	\$12.82	\$23.97	\$20.45	\$38.01
60 to 64	\$16.81	\$30.30	\$26.63	\$47.79	\$16.98	\$30.46	\$26.80	\$47.96
65 to 69	\$20.10	\$34.67	\$32.33	\$55.02	\$20.26	\$34.83	\$32.50	\$55.19
70 to 74	\$28.59	\$46.12	\$45.18	\$72.97	\$28.75	\$46.28	\$45.35	\$73.14
75 to 79	\$35.45	\$54.11	\$58.59	\$86.86	\$35.61	\$54.27	\$58.75	\$87.02

80 to 84	\$42.88	\$65.72	\$70.97	\$105.19	\$43.05	\$65.88	\$71.13	\$105.36
85 to 89	\$60.39	\$74.93	\$99.51	\$121.95	\$60.56	\$75.10	\$99.68	\$122.11
90 to 94	\$60.39	\$74.93	\$99.51	\$121.95	\$60.56	\$75.10	\$99.68	\$122.11
95+	\$60.39	\$74.93	\$99.51	\$121.95	\$60.56	\$75.10	\$99.68	\$122.11

Benefit Amount: \$20,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$2.89	\$3.50	\$4.89	\$5.88	\$3.18	\$3.79	\$5.18	\$6.17
25 to 29	\$3.34	\$4.46	\$5.59	\$7.36	\$3.63	\$4.75	\$5.88	\$7.65
30 to 34	\$4.44	\$6.59	\$7.28	\$10.65	\$4.73	\$6.88	\$7.57	\$10.94
35 to 39	\$6.03	\$10.40	\$10.07	\$17.11	\$6.32	\$10.69	\$10.36	\$17.40
40 to 44	\$7.94	\$14.50	\$13.09	\$23.62	\$8.23	\$14.79	\$13.38	\$23.91
45 to 49	\$11.77	\$23.15	\$19.13	\$37.24	\$12.06	\$23.44	\$19.42	\$37.53
50 to 54	\$17.47	\$33.92	\$27.83	\$53.91	\$17.76	\$34.21	\$28.12	\$54.20
55 to 59	\$24.42	\$46.71	\$38.80	\$73.92	\$24.71	\$47.00	\$39.09	\$74.22
60 to 64	\$32.74	\$59.70	\$51.49	\$93.81	\$33.03	\$60.00	\$51.78	\$94.10
65 to 69	\$39.30	\$68.44	\$62.89	\$108.27	\$39.59	\$68.73	\$63.18	\$108.56
70 to 74	\$56.29	\$91.35	\$88.59	\$144.18	\$56.58	\$91.64	\$88.88	\$144.47
75 to 79	\$70.00	\$107.33	\$115.40	\$171.95	\$70.29	\$107.62	\$115.69	\$172.24
80 to 84	\$84.87	\$130.55	\$140.16	\$208.61	\$85.16	\$130.84	\$140.45	\$208.90
85 to 89	\$119.90	\$148.97	\$197.25	\$242.12	\$120.19	\$149.26	\$197.54	\$242.41
90 to 94	\$119.90	\$148.97	\$197.25	\$242.12	\$120.19	\$149.26	\$197.54	\$242.41
95+	\$119.90	\$148.97	\$197.25	\$242.12	\$120.19	\$149.26	\$197.54	\$242.41

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:

Benefit Waiting Period: 30 days from effective date. Unless otherwise stated, no benefits will be paid for a covered critical illness that occurs during this Benefit Waiting Period.

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 date we or your employer receive your completed enrollment form, the date you authorize any necessary payroll deductions, or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing. 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 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:

Benefit Limits: No more than 100% of the Benefit Amount will ever be paid per Covered Person (unless Additional Critical Illness Benefit or Recurrence coverage is also provided).

Exclusions: In addition to any benefit-specific exclusions, benefits will not be paid for any covered Critical Illness that is caused directly or indirectly, in whole or in part by any of the following: • intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a covered Critical 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). *Actual policy terms may vary depending on your plan design and location.*

Specific Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied.

- **Cancer:** Excludes: skin cancers, unless metastatic disease develops or recurrence or metastasis of previously diagnosed cancers if Covered Person prior to being diagnosed while coverage is in force, has not gone 60 months of being treatment free.
- **Stroke:** Excludes: TIAs, brain injury from trauma/hypoxia/anoxia or hypotension, or eye and ear diseases/disorders.
- **Major Organ Failure:** Limit: one benefit for multi-organ transplants.
- **Coronary Artery Disease (Surgery):** Excludes: angioplasty, stent implants, or related procedures. Limit: paid once per lifetime per Covered Person.
- **Carcinoma in Situ:** Excludes: skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ). Limit: paid once per lifetime per Covered Person.
- **Health Screening Benefit:** Limit: 1 health screening per year per Covered Person. The Benefit Waiting Period is 30 days following the effective date of the Health Screening Benefit rider, during which time no benefits will be paid.
- **Recurrence Benefit:** Excludes: Cancer, Carcinoma in Situ, and Coronary Artery Disease. Recurrence Benefit is only payable if the Covered Person has not received treatment during the 12 month period between the two diagnoses. As used here, "treatment" does not include medications and follow-up visits to the Covered Person's Physician.

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. **Portability** in VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. **Exclusions** may vary for residents of MN, SC, SD and WA.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO 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 A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Series 1.1/1.2

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. C1960496. 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 Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GCI-00-1000. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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