

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

Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for The University of Scranton

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:

You All active, Full-time Employees of the Employer regularly working a minimum of 35 hours per week, who are permanent resident aliens, regularly working and residing in the United States and their United States citizen Spouse residing in the United States.

You will be eligible for coverage the first of the month following date of hire.

Your Spouse Up to age 70 as long as you apply for and are approved for coverage yourself.

Your Child(ren) 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 subject to conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in the Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or surgery.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000, \$10,000, \$20,000	Up to \$20,000
Spouse	50% of employee amount	Up to \$10,000
Children	25% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
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Cancer Conditions

Skin Cancer*	\$250k per lifetime
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Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
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Invasive Cancer	10%	10%
Carcinoma in Situ	25%	25%

Vascular Conditions

Heart Attack	10%	10%
Stroke	10%	10%
Coronary Artery Disease	25%	25%

Nervous System Conditions

Advanced Alzheimer's Disease	25%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available

Other Specified Conditions

Benign Brain Tumor	10%	25%
Blindness	10%	Not Available
Coma	25%	25%
End-Stage Renal (Kidney) Disease	10%	10%
Major Organ Failure	10%	10%
Paralysis	10%	10%

Monthly Cost of Coverage — continued

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	\$1.65	\$2.04	\$2.43	\$3.05	\$2.10	\$2.49	\$2.88	\$3.50
25 to 29	\$1.90	\$2.58	\$2.83	\$3.90	\$2.35	\$3.03	\$3.28	\$4.35
30 to 34	\$2.66	\$3.95	\$3.98	\$5.99	\$3.11	\$4.39	\$4.43	\$6.44
35 to 39	\$3.76	\$6.44	\$5.79	\$10.02	\$4.21	\$6.89	\$6.24	\$10.47
40 to 44	\$5.07	\$9.13	\$7.73	\$14.04	\$5.52	\$9.57	\$8.18	\$14.49
45 to 49	\$7.27	\$14.01	\$11.32	\$21.93	\$7.71	\$14.46	\$11.77	\$22.38
50 to 54	\$10.48	\$20.05	\$16.46	\$31.54	\$10.93	\$20.50	\$16.91	\$31.99
55 to 59	\$14.71	\$27.57	\$23.23	\$43.51	\$15.16	\$28.02	\$23.68	\$43.96
60 to 64	\$18.94	\$34.13	\$29.86	\$53.75	\$19.39	\$34.58	\$30.30	\$54.20
65 to 69	\$23.03	\$39.28	\$36.73	\$62.17	\$23.47	\$39.73	\$37.18	\$62.62
70 to 74	\$32.28	\$52.49	\$51.55	\$83.02	\$32.73	\$52.94	\$52.00	\$83.47
75 to 79	\$45.22	\$64.72	\$70.01	\$101.43	\$45.67	\$65.17	\$70.46	\$101.88
80 to 84	\$52.51	\$77.61	\$84.86	\$123.46	\$52.96	\$78.06	\$85.31	\$123.91
85 to 89	\$73.45	\$90.62	\$120.15	\$146.76	\$73.90	\$91.07	\$120.60	\$147.21
90 to 94	\$73.45	\$90.62	\$120.15	\$146.76	\$73.90	\$91.07	\$120.60	\$147.21
95+	\$73.45	\$90.62	\$120.15	\$146.76	\$73.90	\$91.07	\$120.60	\$147.21

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	\$3.30	\$4.08	\$4.86	\$6.10	\$4.20	\$4.98	\$5.76	\$7.00
25 to 29	\$3.80	\$5.16	\$5.66	\$7.80	\$4.70	\$6.06	\$6.56	\$8.70
30 to 34	\$5.32	\$7.90	\$7.96	\$11.98	\$6.22	\$8.78	\$8.86	\$12.88
35 to 39	\$7.52	\$12.88	\$11.58	\$20.04	\$8.42	\$13.78	\$12.48	\$20.94
40 to 44	\$10.14	\$18.26	\$15.46	\$28.08	\$11.04	\$19.14	\$16.36	\$28.98
45 to 49	\$14.54	\$28.02	\$22.64	\$43.86	\$15.42	\$28.92	\$23.54	\$44.76
50 to 54	\$20.96	\$40.10	\$32.92	\$63.08	\$21.86	\$41.00	\$33.82	\$63.98
55 to 59	\$29.42	\$55.14	\$46.46	\$87.02	\$30.32	\$56.04	\$47.36	\$87.92
60 to 64	\$37.88	\$68.26	\$59.72	\$107.50	\$38.78	\$69.16	\$60.60	\$108.40
65 to 69	\$46.06	\$78.56	\$73.46	\$124.34	\$46.94	\$79.46	\$74.36	\$125.24
70 to 74	\$64.56	\$104.98	\$103.10	\$166.04	\$65.46	\$105.88	\$104.00	\$166.94
75 to 79	\$90.44	\$129.44	\$140.02	\$202.86	\$91.34	\$130.34	\$140.92	\$203.76
80 to 84	\$105.02	\$155.22	\$169.72	\$246.92	\$105.92	\$156.12	\$170.62	\$247.82
85 to 89	\$146.90	\$181.24	\$240.30	\$293.52	\$147.80	\$182.14	\$241.20	\$294.42
90 to 94	\$146.90	\$181.24	\$240.30	\$293.52	\$147.80	\$182.14	\$241.20	\$294.42
95+	\$146.90	\$181.24	\$240.30	\$293.52	\$147.80	\$182.14	\$241.20	\$294.42

Costs subject to change. Actual rates for 2019 are: 0.0190156 BT 1 0 0.21256 11 144 363.54 BT 1 0 1 198 144.08 BT 1 0 0.1 25 0 0.2

Specific Benefit Exclusions and Limitations — continued

Benign Brain Tumor, cancerous abnormal cells in the brain.

Blindness, reversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart 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 unconsciousness intentionally which the Covered Person is able to be aroused.

End-Stage Renal (Kidney) Disease, reversible function of both kidneys. Requires hemo or peritoneal dialysis.

Major Organ Failure, liver, lung, pancreas, kidney, heart or bone marrow. Happens when transplant is prescribed on UNOS registry. Covered Person has a combination transplant (i.e. heart and lung), a single benefit amount will 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, Multiple Sclerosis, or Spina

Guaranteed Issue:

If you are a new hire you are not required to provide evidence of good health if you enroll during your employer's open enrollment period. You can choose an amount of coverage up to and including the Guaranteed Issue Amount. If you choose 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's underwriting process is complete. Good health guaranteed issue coverage may be available at other specific periods of time when these periods of time are available. Pre-existing condition limitations may apply. You must be age 18 or older to apply if evidence of insurability is required.

***State Variations**

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered with the state, or a partner if the state recognizes Domestic Partnerships or Civil Unions. Additional information is available on the United Benefit Services website. Includes civil union for employees in VT. Portability: VT is referred to as Continuation due to loss of eligibility. VT residents are subject to the age limit to continue coverage. Pre-existing Condition Limitation: Exclusions vary for residents of ID, MN, NC, SC, SD, VT and WA.

THIS POLICY PAYS LIMITED BENEFITS. 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. THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Series 2.0/2.1

Terms and conditions of Coverage are set forth in Group Policy No. 0858. 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 discrepancies between the Group Policy, the information in the Group Policy takes precedence. Product availability, costs, benefits, riders, covered states. Please keep this material as a reference. Coverage is issued on group policy form number: Policy Form GCI-02-1000. Coverage provided by Cigna Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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