



## Short Term Disability

"works to pay the bills when you can't!"



### What happens if I can't work for a month or two...or more?

A broken arm, surgery or having a baby could keep you out of commission and off the job for six to eight weeks or longer. Your medical insurance will help cover the cost of treatment. But what about other expenses-your mortgage or rent, car payment, groceries and utilities? Once you've used up your sick leave and vacation time, the paychecks stop. But the bills do not.

### Think of Short-Term Disability insurance as income protection insurance

The chances of suddenly not being able to work are greater than you may realize, and the financial consequences can be serious:

- Within one year, one in 13 working people will suffer a short-term disability for more than one week.
- Over 90% of disabling illnesses or injuries are not work-related, so most disabled workers are not eligible for worker's compensation.
- Even a short disruption of income can be bad news because two-thirds of American families live from paycheck to paycheck.

Short-Term Disability insurance provides income assistance and a way to help you pay your bills and keep your life as normal as possible if you become sick or injured and cannot work. And through your employer, you can get this protection at an affordable group rate.



Integrity Employee Benefits  
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Log-in to *Integrity Employee Benefits'* **HRconnection** website for much more information on these benefits. Download and print forms, use calculators to determine your financial need, watch videos explaining coverages and much more.

To Log-In Go to: [www.hrconnection.com](http://www.hrconnection.com)  
Guest Key: **Marshall**

(Enter username and password exactly as noted here)

## **SHORT TERM DISABILITY**

- Protect your income for the first 3 months of a disability with Short Term Disability insurance.
- Benefits begin on the 1st day of an injury or 8th day of a sickness and can be payable up to 13 weeks.
- You may **select your level of coverage** from weekly benefits of \$100 to \$2,000 in \$100 increments, not to exceed 60% of weekly gross earnings.
- **OPEN ENROLLMENT** – Employees may sign up or increase without providing proof of good health. The amount of benefit is subject to the normal 6/6/12 pre-existing condition limitation.
- **Forms and additional information may be found on the *HRconnection* website.**

		Monthly Premium Cost			
		Age on January 1			
If your <u>annual</u> salary is at least	You may select a maximum weekly benefit of	AGE 0-34	AGE 35-49	AGE 50-59	AGE 60+
\$8,667	\$100	\$7.47	\$4.67	\$7.98	\$11.43
\$17,333	\$200	\$14.94	\$9.34	\$15.96	\$22.86
\$26,000	\$300	\$22.41	\$14.01	\$23.94	\$34.29
\$34,667	\$400	\$29.88	\$18.68	\$31.92	\$45.72
\$43,333	\$500	\$37.35	\$23.35	\$39.90	\$57.15
\$52,000	\$600	\$44.82	\$28.02	\$47.88	\$68.58
\$60,667	\$700	\$52.29	\$32.69	\$55.86	\$80.01
\$69,333	\$800	\$59.76	\$37.36	\$63.84	\$91.44
\$78,000	\$900	\$67.23	\$42.03	\$71.82	\$102.87
\$86,667	\$1,000	\$74.70	\$46.70	\$79.80	\$114.30
\$95,333	\$1,100	\$82.17	\$51.37	\$87.78	\$125.73
\$104,000	\$1,200	\$89.64	\$56.04	\$95.76	\$137.16
\$112,667	\$1,300	\$97.11	\$60.71	\$103.74	\$148.59
\$121,333	\$1,400	\$104.58	\$65.38	\$111.72	\$160.02
\$130,000	\$1,500	\$112.05	\$70.05	\$119.70	\$171.45
\$138,667	\$1,600	\$119.52	\$74.72	\$127.68	\$182.88
\$147,333	\$1,700	\$126.99	\$79.39	\$135.66	\$194.31
\$156,000	\$1,800	\$134.46	\$84.06	\$143.64	\$205.74
\$164,667	\$1,900	\$141.93	\$88.73	\$151.62	\$217.17
\$173,333	\$2,000	\$149.40	\$93.40	\$159.60	\$228.60



## Group Accident Insurance



Have you ever thought about what you would do if you or a family member were accidentally injured as a result of an accident? Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly.

- One in six U.S. residents require medical treatment from an injury each year.
- Over 40 million Americans visit a physician's office for unintentional injuries each year.

The plan pays a fixed cash benefit amount. What you do with the money is all up to you.

- **Benefits** are paid directly to you to be spent any way you choose
- **Plan** is portable, you can take it with you at the same rates should you change jobs or retire.
- **Health Screening:** \$50 Wellness Benefit paid annually
- **Pays in addition to any other coverage you may have**
- **No health questions**
- **Fast and accurate claims service**

The additional financial protection you may need. Use the payment for what matters most. Everyone has different needs and different ways of coping with the unplanned. These benefits can help you pay for out-of-pocket medical and nonmedical costs such as:

- › Medical copays and deductibles
- › Travel to see a specialist
- › Child care
- › Help around the house
- › Alternative treatment



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## Group Accident - Example

### Consider this:

Jack and Lori have an active family. They love to play sports and go bike riding with their two kids, Tim and Emily. Of course, with four people always on the go, there have been more than a few spills – and more than a few trips to an urgent care clinic or emergency room. Like the time Jack fell off his bike and dislocated his knee and fractured his wrist. How do Jack and Lori pay for those unplanned medical bills? What will their out-of-pocket costs look like once their medical funds are depleted?

Jack signed up for the Accident “Medium Plan.” The premium cost was as follows:

Employee Only  
\$16.95/month  
x 12 months  
= \$203.40/year  
-\$50 Health Screening/Wellness benefit  
Net=\$153.40/year  
(Net = \$12.79/month)

The plan paid Jack this when he had an accident:

### JACK FELL OFF HIS BIKE. INJURY: DISLOCATED KNEE AND FRACTURED WRIST\*

#### Expenses

Medical Plan with a \$3,000 family deductible:

› Plan annual deductible	\$3,000
› Coinsurance amount due	\$100
› HRA employer contribution fund ›	(-\$1,500)
Other expenses not covered	\$250
<b>Total out-of-pocket</b>	<b>\$1,850</b>

#### Accidental Injury plan

Coverage paid:

› Doctor office visit	\$100
› Diagnostic exam (X-ray)	\$25
› Dislocated knee	\$1,000
› Fractured wrist	\$800
› Follow-up appointment	\$100
› Five physical therapy sessions	\$250

**Total Accidental Injury coverage paid = \$2,275**

The payment Jack and Lori received from their Accidental Injury policy helped to pay for those unexpected medical costs.

**Group Accidental Injury Proposal  
Summary of Benefits and Coverage**

<b>Eligibility</b>	All active, full-time Employees of the Employer regularly working a minimum of {20} hours per week, who are United States citizens and permanent resident aliens, regularly working in the United States.
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**SUMMARY OF BENEFITS**

<b>Benefit Waiting Period</b>	None for Employee benefits unless otherwise stated.
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<b>Employee Benefit Amount(s)</b>	Employee benefits are payable at 100% of the Benefit Amount shown for the Eligible Employee unless otherwise stated
<b>Spouse /Domestic Partners Benefit Amount(s)</b> (Spouse to age 70 is eligible for coverage if employee is enrolled)	Spouse/ Domestic Partners benefits are payable at 100% of the Benefit Amount shown for the Employee unless otherwise stated
<b>Dependent Child Benefit Amount(s)</b> Child only eligible if employee is enrolled Birth to 26	Dependent Child (ren) benefits are payable at 100% of the Benefit Amount shown for the Employee unless otherwise stated

<b>Coverage</b>	<p>Plan pays a lump sum cash benefit direct to the insured (Employee) for a broad range of accident treatments and conditions, based on the schedule below. Other enhancements will be defined in the policy.</p> <p>This is a group accident Off-the-job insurance policy. Benefits provided are not intended to cover all medical expenses. This is not a substitute for comprehensive health insurance.</p>
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**Coverage and Benefit Amounts**

**INITIAL CARE AND EMERGENCY CARE**

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
<b>Emergency Care Treatment</b>	\$100	\$200
<b>Physician Office Visit</b>	\$50	\$100
<b>Diagnostic Exam</b>	\$10	\$25
<b>Ground / Water Ambulance</b>	\$100	\$200
<b>Air Ambulance</b>	\$300	\$600

**HOSPITALIZATION**

If a benefit is payable under the Hospital Stay Benefit as well as under the Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, which is the greater amount.

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
<b>Hospital Admission</b>	\$500	\$1,500
Benefit Waiting Period 0 days		
<b>Hospital Stay</b>	\$100 per day	\$300 per day
Benefit Waiting Period 0 days		
Maximum Benefit Period 365 days		
<b>Intensive Care Unit Stay</b>	\$200 per day	\$400 per day
Benefit Waiting Period 0 days		
Maximum Benefit Period up to 365 days		

**FRACTURES**Must be diagnosed and treated by a physician within **90** days of a Covered AccidentBenefit Type

	<u>Plan 1</u>		<u>Plan 2</u>	
	<u>Benefit Amount</u>		<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>	<u>Non-Surgical</u>	<u>Surgical</u>
<b>Skull</b>	\$1,000	\$2,000	\$2,000	\$4,000
<b>Hip or Thigh</b>	\$1,000	\$2,000	\$2,000	\$4,000
<b>Vertebrae or Pelvis</b>	\$1,000	\$2,000	\$1,500	\$3,000
<b>Upper Arm</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Shoulder or Collarbone</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Leg</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Ankle</b>	\$400	\$800	\$800	\$1,600
<b>Kneecap</b>	\$400	\$800	\$800	\$1,600
<b>Lower Arm</b>	\$400	\$800	\$800	\$1,600
<b>Foot</b>	\$400	\$800	\$800	\$1,600
<b>Hand or Wrist</b>	\$400	\$800	\$800	\$1,600
<b>Upper Jaw</b>	\$300	\$600	\$600	\$1,200
<b>Lower Jaw</b>	\$300	\$600	\$600	\$1,200
<b>Bones of Face or Nose</b>	\$300	\$600	\$600	\$1,200
<b>Vertebral Processes</b>	\$300	\$600	\$600	\$1,200
<b>Rib</b>	\$100	\$200	\$200	\$400
More than 1 rib fracture pays 2 times the Benefit Amount				
<b>Coccyx</b>	\$100	\$200	\$200	\$400
<b>Finger</b>	\$50	\$100	\$100	\$200
More than 1 finger pays 2 times the Benefit Amount				
<b>Toe</b>	\$50	\$100	\$100	\$200
More than 1 toe fracture pays 2 times the Benefit				
<b>Sternum</b>	\$50	\$100	\$100	\$200
<b>Heel</b>	\$50	\$100	\$100	\$200
<b>Chip Fracture</b>	25% of closed fracture benefit	N/A	25% of closed fracture benefit	N/A
<b>Multiple Fractures</b>	200% of the single fracture benefit for multiple fractures to the same bone	N/A	200% of the single fracture benefit for multiple fractures to the same bone	N/A

**DISLOCATIONS**

Must be diagnosed and treated by a doctor within **90** days of a Covered Accident

Benefit Type

	<b>Plan 1</b>		<b>Plan 2</b>	
	<u>Benefit Amount</u>		<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>	<u>Non-Surgical</u>	<u>Surgical</u>
<b>Hip Joint</b>	\$1,000	\$2,000	\$2,000	\$4,000
<b>Knee Joint</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Bones of Foot</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Ankle</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Wrist</b>	\$400	\$800	\$800	\$1,600
<b>Elbow</b>	\$300	\$600	\$600	\$1,200
<b>Shoulder</b>	\$200	\$400	\$400	\$800
<b>Hand</b>	\$200	\$400	\$400	\$800
<b>Collarbone</b>	\$200	\$400	\$400	\$800
<b>Lower Jaw</b>	\$200	\$400	\$400	\$800
<b>Finger or Toe</b>	\$50	\$100	\$100	\$200

More than 1 finger or toe pays **2** times the benefit

**FOLLOW UP CARE**Benefit TypeBenefit Amount

	<b>Plan 1</b>	<b>Plan 2</b>
<b>Follow up Physician Office Visit</b>	\$50	\$100
Benefit is limited to <b>10</b> treatments per Accident		
<b>Follow up Physical Therapy Visits</b>	\$25	\$50
Benefit is limited to <b>10</b> treatments per Accident		

Refer to the policy for definitions of terms and full conditions

**Additional Benefits and Provisions****PORTABILITY**

Coverage may be continued upon employee's termination of employment with employer, or when employer terminates policy.

- Portable period is to age 100
- Coverage(s) may be ported on employee, spouse/Domestic Partner, and dependent child
- Maximum port age is 70

**ENHANCED ACCIDENT BENEFITS**Benefit TypeBenefit Amount

	<b>Plan 1</b>	<b>Plan 2</b>
	<b>Small Burns</b>	\$100
<b>Large Burns</b>	\$300	\$900
<b>Skin-Graft Benefit</b>	50% of the applicable Benefit amount for Small Burns or Large Burns	50% of the applicable Benefit amount for Small Burns or Large Burns
<b>Small Lacerations</b>	\$50	\$100
<b>Large Lacerations</b>	\$100	\$200
<b>General Anesthesia Benefit</b>	\$100	\$200
<b>Medicine Benefit</b>	\$5	\$10
<b>Medical Supply Benefit</b>	\$5	\$10
<b>Abdominal or Thoracic Surgery</b>	\$1,000	\$1,500
<b>Tendon, Ligament, Rotator Cuff, or Knee</b>	\$200	\$400

<b>Surgery – Repair</b>		
<b>Tendon, Ligament, Rotator Cuff, or Knee</b>	\$100	\$200
<b>Surgery – Exploratory</b>		
<b>Ruptured Disc Surgery – repair</b>	\$500	\$750
<b>Eye Injury Surgery</b>	\$200	\$400
<b>Eye Injury - Removal of Foreign Object</b>	\$100	\$200
<b>Emergency Dental - Extraction</b>	\$100	\$150
<b>Emergency Dental - Broken Tooth</b>	\$50	\$75
<b>Concussion</b>	\$100	\$150
<b>Coma</b>	\$5,000	\$10,000
<b>Diagnostic Advanced</b>	\$50	\$75
<b>Appliance</b>	\$100	\$150
<b>Prosthesis</b>	\$200	\$500
<b>Paralysis - Paraplegia</b>	\$1,000	\$3,000
<b>Paralysis – Quadriplegia</b>	\$2,000	\$6,000
<b>Blood, plasma, platelets</b>	\$100	\$200
<b>Transportation</b>	\$100	\$200
<b>Family Lodging</b>	\$50 per day	\$75 per day

Refer to the policy for definitions of terms and full conditions.

#### WELLNESS BENEFIT

This benefit is payable for Wellness Visits, Health Screening Tests, and Preventive Care services once per calendar year per Covered Person. The Benefit Waiting Period is 30 days following the effective date of the Wellness rider.

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
<b>Wellness</b>	\$50	\$50
<b>Wellness Visits Include:</b>	<ul style="list-style-type: none"> <li>• Well Child Care - Visits, Labs and Immunizations;</li> <li>• Osteoporosis screenings;</li> <li>• Routine gynecological exams;</li> <li>• Routine prostate exams;</li> <li>• General health exams;</li> <li>• Colorectal cancer screening;</li> <li>• Lead poisoning screening;</li> <li>• Cancer screenings; and</li> <li>• Adult immunizations</li> </ul>	
<b>Health Screening Tests Include:</b>	<ul style="list-style-type: none"> <li>• Mammography</li> <li>• Pap Smear for women over Age 18</li> <li>• Flexible Sigmoidoscopy</li> <li>• Hemocult Stool Specimen</li> <li>• Colonoscopy</li> <li>• Prostate Specific Antigen (for prostate cancer)</li> <li>• Stress test on a bicycle or treadmill</li> <li>• Fasting blood glucose test</li> <li>• Blood test for triglycerides</li> <li>• Serum cholesterol test to determine levels of HDL and LDL</li> <li>• Bone marrow testing</li> <li>• Breast ultrasound</li> <li>• CA 15-3 (blood test for breast cancer)</li> <li>• CA125 (blood test for ovarian cancer)</li> <li>• CEA (blood test for colon cancer)</li> <li>• Chest X-ray</li> <li>• Serum Protein Electrophoresis (blood test for myeloma)</li> <li>• Thermography</li> </ul>	



**Preventive Care Includes:**

Patient Protection and Affordable Care Act (PPACA) required preventive health services for the following preventive care services. Detailed information is available at: [www.healthcare.gov/center/regulations/prevention/recommendations.html](http://www.healthcare.gov/center/regulations/prevention/recommendations.html)

1. Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force;
2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
3. For infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
4. For women, such additional preventive care and screenings not described in paragraph.

Refer to the policy for definitions of terms and full conditions.

**Health Advocacy Services**

Cigna offers customers and their family members access to health advocacy services through Health Advocate™, a health assistance and support company. “Personal Health Advocates” provide expert assistance with a wide range of healthcare and health insurance challenges – from coverage questions, locating a provider or second opinion, understanding a medical issue, to grievance or medical bill challenges... and more. These features are included as part of this Cigna proposal and coverage extends to spouse, dependent children, parents and parents-in-law. This offering may not supersede the terms and conditions of any existing contract the client has with Health Advocate. Health Advocate reserves the right to refuse any client group through Cigna if the client group cancels a pre-existing contract with Health Advocate prior to expiration date of the contract.

**RATE SUMMARY**

**Quoted Number of Eligible Lives**

**Rate Guarantee** 36 months

<b>Rates Per Insured Class</b>		
<b>Monthly</b>		
<b>EE Paid</b>		
	<b>Plan 1</b>	<b>Plan 2</b>
<b>Employee</b>	\$9.70	\$16.95
<b>Employee + Spouse</b>	\$16.40	\$28.75
<b>Employee + Child(ren)</b>	\$16.10	\$28.20
<b>Family</b>	\$22.80	\$39.75

**Premium rates are guaranteed for 36 months provided that the first year participation is 10 enrolled employees or greater and Guaranteed Issue benefits are included.**

**Rate guarantee is subject to all exceptions stated in the policy and the policy's termination provisions.**



## Group Critical Illness



Can your finances survive a serious illness? Maybe it's happened to someone you know. A sudden illness such as a heart attack, cancer or stroke with devastating physical and financial consequences.

- For those suffering a critical illness prior to age 65, the probability of surviving is almost twice that of dying.
- 1.5 million families lose their homes due to foreclosure every year due to unaffordable medical costs.
- One in three Americans are expected to get cancer in their lifetime.

How can critical illness insurance help? For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles and co-pays may quickly diminish savings. Critical illness insurance pays a fixed benefit upon diagnosis of a covered critical illness while you are living and when you may need it most.

**The plan pays a fixed cash benefit amount. What you do with the money is all up to you.**

- **Benefits** are paid directly to you to be spent any way you choose
- **Plan** is portable, you can take it with you at the same rates should you change jobs or retire.
- **Health Screening:** \$75 Wellness Benefit can be paid to you annually
- **Pays in addition to any other coverage you may have**
- **No health questions**
- **Fast and accurate claims service**

**The additional financial protection you may need. Use the payment for what matters most. Everyone has different needs and different ways of coping with the unplanned. These benefits can help you pay for out-of-pocket medical and nonmedical costs such as:**

- › Medical copays and deductibles
- › Travel to see a specialist
- › Child care
- › Help around the house
- › Alternative treatment



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## Group Critical Illness - Example

### Consider this:

When Marco had a heart attack, he was grateful that the doctors were able to stabilize his condition. But he learned that there was some permanent damage to his heart. Marco began to see his costs adding up quickly. Things such as medical deductibles, coinsurance and payments for his doctor visits were his responsibility. How does Marco pay his medical bills and other expenses?

Marco signed up for the Critical Illness plan and it cost him this per year:

#### Employee Only – Example age 43

\$15.00/month

x 12 months

= \$180 /yr

-\$75 Health Screening/Wellness benefit

Net=\$105 /yr

(Net = \$8.75 /month)

The plan paid Marco this much when he had a critical illness event:

### MARCO HAD A HEART ATTACK\*

#### Expenses

Medical Plan with a \$1,500 individual deductible:

› Plan annual deductible	\$1,500
› Coinsurance amount due	\$1,500
› HRA employer contribution fund	(-\$750)
› Other expenses not covered	\$500
<b>Total out-of-pocket</b>	<b>\$2,750</b>

#### Critical Illness plan

Lump-sum payment can be utilized for direct medical expenses or other indirect costs such as: ›

› Transportation

› Room and board

› Day care

› Medical copays and deductibles

**Total Critical Illness coverage paid = \$10,000**

Marco had signed up for Critical Illness coverage and received a lump-sum payment as a result of his heart attack. This decision allowed Marco to focus more on his recovery and less on how he was going to pay his medical bills.



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

**Employee-Paid**  
**CRITICAL ILLNESS INSURANCE**

**SUMMARY OF BENEFITS**

**Critical Illness insurance provides a cash benefit when an insured person is diagnosed with a covered critical illness or event after coverage is in effect.**

**Who Can Elect Coverage?:**

You: All active, full-time Employees of the Employer regularly working a minimum of 20 hours per week, who are United States citizens and permanent resident aliens, regularly working in the United States. Late applications require medical evidence of insurability.

You will be eligible for coverage immediately.

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

Your Child(ren): Is eligible 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, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

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

<b>Coverage and Benefit Amounts Series 2.1</b>		
<b>CRITICAL ILLNESS COVERAGE LIST OF COVERED CONDITIONS</b>		
<b><u>Cancer Conditions</u></b>	<b><u>Option 1 % of Initial Benefit Amount</u></b>	<b><u>Recurrence % of Initial Benefit Amount</u></b>
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
	<b><u>Benefit Amount</u></b>	
Skin Cancer	\$250 1x per lifetime	Not Available
<b><u>Vascular Conditions</u></b>	<b><u>Option 1 % of Initial Benefit Amount</u></b>	<b><u>Recurrence % of Initial Benefit Amount</u></b>
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
<b><u>Nervous System Conditions</u></b>	<b><u>Option 1 % of Initial Benefit Amount</u></b>	<b><u>Recurrence % of Initial Benefit Amount</u></b>
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
<b><u>Other Specified Conditions</u></b>	<b><u>Option 1 % of Initial Benefit Amount</u></b>	<b><u>Recurrence % of Initial Benefit Amount</u></b>
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%

## 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. \$75
Additional Critical Illness Benefit	Benefit for the diagnosis of a subsequent and different covered condition. Payable after a 6 month Separation Period from diagnosis of 1st covered illness.
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same covered condition. Payable after a 12 month Separation Period from diagnosis of previous covered illness.

## Monthly Cost of Coverage: Benefit Amount: \$10,000

Age	Employee (EE)	Employee + Spouse (EE+SP)	Employee + Children (EE+CH)	Employee + Family (EE+F)
	Uni-Smoker	Uni-Smoker	Uni-Smoker	Uni-Smoker
<25	\$5.82	\$10.39	\$6.19	\$10.76
25 to 29	\$6.59	\$11.55	\$6.97	\$11.92
30 to 34	\$8.52	\$14.30	\$8.90	\$14.68
35 to 39	\$11.73	\$19.18	\$12.10	\$19.55
40 to 44	\$15.00	\$24.18	\$15.37	\$24.55
45 to 49	\$21.57	\$34.27	\$21.94	\$34.64
50 to 54	\$29.49	\$47.60	\$29.87	\$47.97
55 to 59	\$39.41	\$64.34	\$39.79	\$64.72
60 to 64	\$50.53	\$82.90	\$50.90	\$83.27
65 to 69	\$62.42	\$100.39	\$62.79	\$100.76
70 to 74	\$87.29	\$138.29	\$87.66	\$138.67
75 to 79	\$121.61	\$182.09	\$121.99	\$182.46
80 to 84	\$153.67	\$223.14	\$154.04	\$223.51
85 to 89	\$189.66	\$293.71	\$190.04	\$294.09
90 to 94	\$189.66	\$293.71	\$190.04	\$294.09
95+	\$189.66	\$293.71	\$190.04	\$294.09

Costs are subject to change, and may be different if certain benefits or riders are not available in certain resident states.

Benefits reduce by age according to the Age Based Reductions schedule.

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

## Important Definitions and Policy Provisions:

**\* Domestic Partner** is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

**Covered Person:** An eligible person who is enrolled for coverage under this Policy.

**Covered Loss:** A loss that is one of the Covered Conditions 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 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. Dependent coverage will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

**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 if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

## Important Definitions and Policy Provisions — continued

**30 Day Right To Examine Certificate:** If an insured 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.

**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 for at least 12 months and be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100.

### Benefit Reductions, Exclusions and Limitations:

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

**Pre-Existing Condition Limitation:** In addition to any benefit-specific limitations, we will not pay benefits for a covered Critical Illness caused or contributed to by, or resulting from, a Pre-existing Condition. The term "Pre-existing Condition" means any Sickness or Injury for which an insured 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 insured person's most recent effective date of insurance, and the most recent effective date of any added or increased amount of insurance.

The Pre-Existing Condition Limitation will apply to any added benefits or increases in benefits. This Limitation will not apply to a covered Critical Illness for which the Date of Diagnosis occurs after the insured person is insured under this Policy for at least 12 months after the insured person's most recent effective date of insurance, and effective date of any added or increased amount of insurance.

**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 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 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); • 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). *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.

- **Invasive Cancer:** Excludes: skin cancers, unless metastatic disease develops or recurrence or metastasis of previously diagnosed cancers if Covered Person prior to be 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 Transplant:** 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.
- **Additional Critical Illness Benefit:** Limit: No more than one Benefit Amount and one Additional Benefit Amount will ever be paid per Covered Person; benefits for Coronary Artery Disease and Carcinoma in Situ are limited to once per lifetime per Covered Person. Unless otherwise stated, no benefits will be paid for a Covered Critical Illness that occurs during the Separation Period.
- **Recurrence Benefit:** Excludes: Invasive Cancer, Carcinoma in Situ, and Coronary Artery Disease.

### Guaranteed Issue:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing evidence of good health. 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 evidence of good health. If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable evidence of good health. Benefits may reduce by age. Pre-existing condition limitations may apply.

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



## Group Hospital Care



With nearly 3/4 of Americans living paycheck-to-paycheck, hospital expenses can be difficult for a family. Cigna Hospital Care insurance can help. Cigna Hospital Care insurance pays a fixed benefit for hospital stays resulting from a covered injury or illness, including:

- Hospital admission
- Daily hospital and ICU stays
- Hospital admissions for chronic condition
- Hospital observation stays

A hospital stay can happen at any time. It may be unexpected and expensive. The average inpatient hospital stay in the U.S. Costs \$2,271 per day and lasts an average of 6.1 days. Cigna Hospital Care, helps provide employees and their families with the additional financial protection they may need. It can help cover these unexpected events – so they can focus on getting better.

**The plan pays a fixed cash benefit amount. What you do with the money is all up to you.**

- **Benefits** are paid directly to you to be spent any way you choose
- **Plan** is portable, you can take it with you at the same rates should you change jobs or retire.
- **Health Screening:** \$50 Wellness Benefit can be paid to you annually
- **Pays in addition to any other coverage you may have**
- **No health questions and no Pre-existing conditions limitations**
- **Fast and accurate claims service**

**The additional financial protection you may need. Use the payment for what matters most. Everyone has different needs and different ways of coping with the unplanned. These benefits can help you pay for out-of-pocket medical and nonmedical costs such as:**

- › Medical copays and deductibles
- › Travel to see a specialist
- › Child care
- › Help around the house
- › Alternative treatment



Integrity Employee Benefits  
651-437-7977  
866-437-7977  
[integrity@integrityeb.com](mailto:integrity@integrityeb.com)

## Group Hospital Care - Example

### Consider this:

While traveling to a relative's house, Susan had a car accident and required hospitalization.

Susan signed up for the Hospital Care plan. The premium cost was as follows:

#### Employee Only

\$19.78/month

x 12 months

= \$237.36/year

-\$50 Health Screening/Wellness benefit

Net=\$187.36/year

(Net = \$15.62/month)

The plan paid Susan this when she had this hospital stay:

Hospital admission	\$1,000
Hospital ICU stay (1 day)	\$200
Hospital stay (3 days)	<u>\$300</u>
<b>Total coverage paid:</b>	<b>\$1,500</b>

These extra dollars helped Susan with these expenses:

Health plan with a \$3,000 deductible:

Annual deductible and coinsurance \$3,000

Indirect expenses (family hotel, gas etc.) \$500

**Total out-of-pocket: \$3,500**



**SUMMARY OF BENEFITS**

<b>Employee Benefit Amount(s)</b>	100% of the Benefit Amount shown
<b>Spouse /Domestic Partner Benefit Amount(s)</b> (Spouse to age 70 is eligible for coverage if employee is enrolled)	100% of the Benefit Amount shown
<b>Dependent Child Benefit Amount(s)</b> Child only eligible if employee is enrolled (Birth to 26; 26+ if disabled)	100% of the Benefit Amount shown
<b>Age Based Reductions</b>	None on base plan.
<b>Coverage</b>	Fixed benefits per schedule below.

**HOSPITALIZATION BENEFITS<sup>1</sup>**

<u>Benefit Type</u>	<u>Benefit Amount</u>
	<b><u>HC Plan 1</u></b>
<b>Hospital Admission</b> No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	\$1,000 per day
<b>Hospital Chronic Condition Admission</b> No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50 per day
<b>Hospital Stay</b> No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$100 per day
<b>Hospital Intensive Care Unit Stay</b> No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200 per day
<b>Hospital Observation Stay</b> 1 hour elimination period. Limited to 72 hours.	\$100 per 24-hour period

**Benefit – Specific Conditions, Exclusions & Limitations**

- **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 and treatment for the covered chronic condition must be provided by a specialist in that field of medicine. 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 23 hours following the 1 hour elimination period, 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.



**WELLNESS TREATMENT, HEALTH SCREENING AND PREVENTATIVE CARE BENEFIT**

This coverage is payable if a Covered Person undergoes or receives for Wellness Treatment, Health Screening Tests, and/or Preventive Care as shown below.

<b>Benefit Waiting Period</b>	30 days
<b>Pre-Existing Condition Limitation</b>	Does not apply
<b>Employee Benefit</b>	100% of the Benefit Amount shown
<b>Spouse/Domestic Partner Benefit</b>	100% of the Benefit Amount shown
<b>Dependent Child(ren) Benefit</b>	100% of the Benefit Amount shown
<b>Age Based Reductions</b>	None

<u>Benefit Type</u>	<u>Benefit Amount</u>
<b>Wellness Treatment, Health Screening and Preventive Care Benefit</b>	<b>Plan 1</b> \$50 Per Covered Person per year
Up to 1 per year <i>Examples include (but are not limited to) routine gynecological exams, general health exams, mammography, and certain blood tests</i>	

**Included Cigna Programs and Services\***

**Integration Services**

**Clinical Program Referrals** – leveraging authorized medical information to make referrals to suitable wellness programs.  
**Proactive Coverage Review** – automatic review and reminder of hospital indemnity coverage if a claim is filed for other Cigna coverages.  
**Automatic Claim Approach** – automatic submission of a hospital care claim if a qualifying Cigna short-term disability hospital claim has been filed.

**Healthy Rewards®** - provides discounts on a variety of health and wellness products and services.

**Identity Theft** - provides identity theft prevention and resolution services, including access to personal case managers who provide assistance and guidance as well as education and tools to help prevent identity theft in the future.

**CignaWillCenter.com** - online access to state-specific legal documentation for wills and powers of attorney, and valuable resources for estate and funeral planning.

**RATE SUMMARY**

**Rate Guarantee** 24 months

**Rates Per Insured Class**  
**Monthly**

**EE Paid**

Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Composite	\$19.78	\$40.87	\$35.30	\$56.39