

2021

**Cigna Supplemental insurance plan
summaries**

Employee paid

Plan summaries for Oregon residents

Accidental Death and Dismemberment Insurance

Accidental Injury Insurance

Critical Illness Insurance

Short term disability insurance

Term Life Insurance

Plan summaries for Washington residents

(includes required disclosure for Washington residents)

Accidental Injury Insurance

Critical Illness Insurance



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

Employee-Paid

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

SUMMARY OF BENEFITS

Prepared for: METRO

If you pass away or are seriously injured as a result of a covered accident or injury, you or your beneficiaries will receive a set amount to help pay for unexpected expenses, or help your loved ones pay for future expenses after you're gone.

Who Can Elect Coverage?:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

You will be eligible for coverage on the date of hire.

Your Spouse*: Is eligible 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.

*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.

Available Coverage:

	Benefit Amount	Maximum
Employee	Units of \$10,000	Lesser of 5 Times Salary or \$500,000
Spouse	Units of \$5,000	\$500,000 not to exceed 100% of the employee's benefit
Children	\$10,000	\$10,000

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

For Comas — You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

Additional Features:

For Wearing a Seatbelt — You will receive an additional 10% benefit but not more than \$5,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint.

For Exposure & Disappearance — Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

For Rehabilitation — If you or an insured family member incur rehabilitative expenses within 2 years of the date of a Covered Accident, we will pay an additional 5% of the benefit amount, subject to a maximum of \$10,000 for each Covered Accident.

For a Loss Resulting from a Common Carrier — If you or an insured family member suffer a covered loss while riding as a passenger in, or being struck by, a common carrier, we will pay an additional 100% of the benefit amount, to a maximum of \$500,000.

Additional Features — continued

Conversion — If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 3 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Important Definitions and Policy Provisions:

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 if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, 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 or your dependents, if applicable, 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. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions and Limitations

Benefit Reduction Schedule: If you are still employed, your benefits will reduce to 65% at age 70, 50% at age 75 and 35% at age 80. Your premiums will also reduce to match your benefits. Spouse reductions are based on employee age.

Exclusions — Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • 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 • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

Limitations — For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 969639. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability 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 TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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

Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: METRO
Non-WA Residents

Accidental Injury coverage provides a benefit according to the schedule below when a Covered Person suffers Covered Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by *) below.

Who Can Elect Coverage:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States, excluding residents of Washington.

You will be eligible for coverage immediately.

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: This Accidental Injury plan provides off the job only 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 terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Initial & Emergency Care	Plan 1	Plan 2
Emergency Care Treatment	\$100	\$200
Physician Office Visit	\$50	\$100
Diagnostic Exam (x-ray or lab)	\$10	\$50
Ground or Water Ambulance/Air Ambulance	\$300/\$1,200	\$400/\$1,600
Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission	\$500	\$1,000
Hospital Stay	\$100	\$200
Intensive Care Unit Stay	\$200	\$400
Fractures and Dislocations	Plan 1	Plan 2
Per covered surgically-repaired fracture	\$100-\$4,000	\$200-\$8,000
Per covered non-surgically-repaired fracture	\$50-\$2,000	\$100-\$4,000
Chip Fracture (percent of fracture benefit)	25%	25%
Per covered surgically-repaired dislocation	\$100-\$4,000	\$200-\$6,000
Per covered non-surgically-repaired dislocation	\$50-\$2,000	\$100-\$3,000
Follow-Up Care	Plan 1	Plan 2
Follow-up Physician Office Visit	\$50	\$75
Follow-up Physical Therapy Visit	\$25	\$50

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

Available Coverage — continued

Enhanced Accident Benefits	Plan 1	Plan 2
Examples:		
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$50	\$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$400	\$600
Concussion	\$100	\$150
Coma (lasting 7 days with no response)	\$5,000	\$10,000
<i>Additional Accidental Injury benefits included – See certificate for details, including limitations & exclusions.</i>		

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.

Semi Monthly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee	\$2.69	\$5.22
Employee and spouse	\$4.59	\$8.93
Employee and child(ren)	\$4.67	\$9.08
Family	\$6.30	\$12.27

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.

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

Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

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 medical doctors; 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, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment of drug or alcohol addiction.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. 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 hospital, facility or home confined, 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.)

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.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by policy holder/subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments; and • injuries that occur during the course of any employment for pay, benefit or profit. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions & Limitations:*

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person. Excludes: treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 90 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons Age 60 and older, visits for mental or nervous disorders, and visits by a surgeon while confined to a Hospital. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person. Treatment must occur within 90 days of the Covered Accident. **Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 90 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident. Limits: payable once per Covered Accident. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.

Hospital Stay per day: Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; 1 stay per accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 90 days of the Covered Accident.

Follow-up Physician Office Visit: Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physician office visits. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Follow-up Physical Therapy Visit:** Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physical therapy visits. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Large Lacerations:** Treatment by Physician must be received within 90 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. Limits: payable 1 times per Covered Accident. **Coma:** Limits: payable 1 times per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma.

***State Variations**

Spouse definition includes civil union partners in New Hampshire and Vermont. **Specific Benefit Exclusions and Limitations** The timeframe to obtain services following a covered accident is extended in SD and WA. **Common Exclusions** may vary for residents of MN, SC, SD, and WA. **Hospital/ICU Stay** requires a 31 day minimum for Idaho residents. See your Certificate for detail. **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.

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 "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

Terms and conditions of coverage for Accidental Injury insurance are set forth in Group Policy No. AI 960651. This is not intended as a complete description of the insurance coverage offered. 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 GAI-00-1000.00.OR. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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Employee-Paid SHORT-TERM DISABILITY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Metro

Disability insurance pays a portion of your salary if you're unable to work due to a covered disability. When reviewing this coverage, consider how long you can personally go without receiving a paycheck.

Who Can Elect Coverage?:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

You will be eligible for coverage on the date of hire.

Available Coverage:

Gross Weekly Benefit ¹	Maximum Gross Weekly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your weekly covered earnings	\$1,000	14 Days for accident 14 Days for sickness	13 Weeks for accident 13 Weeks for sickness

Employee's Monthly Cost of Coverage:

Monthly Rate Per \$10 of Weekly Benefit = \$0.490

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

Rates may be subject to change in the future.

How to Calculate Your Per-Pay Period (24 per year) Cost:

Step 1: Divide your annual salary by 52 to calculate your weekly earnings.

Step 2: Multiply this amount by the benefit percentage defined above in the Available Coverage section. For example, 60% would be .60. Now, you have your gross weekly benefit.

Step 3: Find the above Monthly rate. Multiply this rate by your gross weekly benefit, or the maximum gross weekly benefit, whichever is less.

Step 4: Divide the total by 10. The result is your Monthly cost.

Step 5: Multiply your Monthly cost by 12.

Step 6: Divide by 24. The result is your **Per-Pay Period (24 per year) Cost**.

Important Definitions and Policy Provisions:

Disability - "Disability" or "Disabled" means if solely because of a covered injury or sickness, you are unable to perform the material duties of your regular job and you are unable to earn 80% or more of your covered earnings from working in your regular job. We will require proof of earnings and continued disability.

Covered Earnings - "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin - You must be continuously Disabled for 14 Days for an accident and 14 Days for a sickness before benefits will be paid for a covered Disability.

How Long Benefits Last - Once you qualify for benefits under this plan, the maximum number of weekly Disability benefits is 13 Weeks for an accident and 13 Weeks for a sickness. Disability benefits will end sooner if you no longer qualify for benefits.

When Coverage Takes Effect - Your coverage takes effect on the plan or policy effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions, whichever is the latest date. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your Certificate of Insurance.

Pre-existing Condition Limitation – Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date you refuse to participate in rehabilitation services.

Exclusions – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following:

- Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane.
- war or any act of war, whether or not declared.
- active participation in a riot;
- commission of a felony;
- the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.
- any cosmetic surgery or surgical procedure that is not Medically Necessary.
- an Injury or Sickness for which the Employee is entitled to benefits from Workers' Compensation or occupational disease law.
- an Injury or Sickness that is work related.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

1. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.
2. Costs are subject to change.

Terms and conditions of coverage for Short Term Disability insurance are set forth in Group Policy No. VDT 962459. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability 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 TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: METRO
Non-WA Residents

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 and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States, excluding residents of Washington.

You will be eligible for coverage immediately.

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

Additional Critical Illness Benefit

An additional full Benefit Amount for the diagnosis of a subsequent and different covered Critical Illness. Payable after a 6 month separation period from diagnosis of 1st covered Critical Illness.* If less than 100% of the Additional Critical Illness Benefit is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.

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.

Semi-Monthly Cost of Coverage:

Benefit Amount: \$5,000

	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.59	\$1.72	\$1.83	\$2.04	\$1.64	\$1.78	\$1.89	\$2.09
25 to 29	\$1.69	\$1.93	\$1.98	\$2.36	\$1.74	\$1.98	\$2.04	\$2.42
30 to 34	\$1.95	\$2.43	\$2.35	\$3.09	\$2.00	\$2.47	\$2.41	\$3.13
35 to 39	\$2.32	\$3.29	\$2.97	\$4.50	\$2.37	\$3.35	\$3.02	\$4.55
40 to 44	\$2.73	\$4.18	\$3.62	\$5.90	\$2.78	\$4.24	\$3.67	\$5.95
45 to 49	\$3.54	\$6.02	\$4.91	\$8.82	\$3.60	\$6.07	\$4.96	\$8.87
50 to 54	\$4.72	\$8.31	\$6.77	\$12.39	\$4.78	\$8.36	\$6.83	\$12.45
55 to 59	\$6.31	\$11.13	\$9.17	\$16.74	\$6.36	\$11.18	\$9.22	\$16.78
60 to 64	\$8.10	\$13.94	\$11.90	\$21.02	\$8.15	\$13.99	\$11.95	\$21.07
65 to 69	\$9.56	\$15.73	\$14.37	\$24.09	\$9.61	\$15.78	\$14.42	\$24.15
70 to 74	\$12.70	\$20.62	\$19.68	\$31.81	\$12.75	\$20.67	\$19.74	\$31.85
75 to 79	\$19.25	\$25.79	\$26.99	\$38.52	\$19.31	\$25.84	\$27.03	\$38.57
80 to 84	\$20.45	\$29.60	\$31.46	\$45.90	\$20.51	\$29.65	\$31.51	\$45.96
85 to 89	\$28.37	\$34.45	\$43.92	\$53.50	\$28.43	\$34.50	\$43.96	\$53.55
90 to 94	\$28.37	\$34.45	\$43.92	\$53.50	\$28.43	\$34.50	\$43.96	\$53.55
95+	\$28.37	\$34.45	\$43.92	\$53.50	\$28.43	\$34.50	\$43.96	\$53.55

Benefit Amount: \$10,000

	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$3.17	\$3.43	\$3.66	\$4.08	\$3.28	\$3.54	\$3.76	\$4.18
25 to 29	\$3.38	\$3.86	\$3.97	\$4.72	\$3.48	\$3.97	\$4.06	\$4.83
30 to 34	\$3.90	\$4.84	\$4.70	\$6.16	\$4.00	\$4.95	\$4.81	\$6.27
35 to 39	\$4.64	\$6.60	\$5.94	\$8.99	\$4.75	\$6.70	\$6.03	\$9.10
40 to 44	\$5.46	\$8.36	\$7.24	\$11.80	\$5.56	\$8.46	\$7.33	\$11.91
45 to 49	\$7.09	\$12.04	\$9.83	\$17.65	\$7.18	\$12.14	\$9.92	\$17.75
50 to 54	\$9.46	\$16.62	\$13.53	\$24.80	\$9.56	\$16.72	\$13.64	\$24.90
55 to 59	\$12.61	\$22.26	\$18.32	\$33.46	\$12.71	\$22.36	\$18.43	\$33.57
60 to 64	\$16.20	\$27.87	\$23.79	\$42.03	\$16.30	\$27.98	\$23.90	\$42.14
65 to 69	\$19.11	\$31.46	\$28.73	\$48.19	\$19.21	\$31.56	\$28.84	\$48.30
70 to 74	\$25.39	\$41.23	\$39.36	\$63.60	\$25.50	\$41.33	\$39.47	\$63.71
75 to 79	\$38.50	\$51.58	\$53.96	\$77.04	\$38.60	\$51.69	\$54.07	\$77.14
80 to 84	\$40.91	\$59.19	\$62.93	\$91.81	\$41.02	\$59.30	\$63.03	\$91.91
85 to 89	\$56.75	\$68.90	\$87.83	\$106.99	\$56.85	\$69.01	\$87.93	\$107.09
90 to 94	\$56.75	\$68.90	\$87.83	\$106.99	\$56.85	\$69.01	\$87.93	\$107.09
95+	\$56.75	\$68.90	\$87.83	\$106.99	\$56.85	\$69.01	\$87.93	\$107.09

Benefit Amount: \$20,000

	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$6.35	\$6.88	\$7.31	\$8.16	\$6.55	\$7.09	\$7.52	\$8.37
25 to 29	\$6.75	\$7.72	\$7.93	\$9.45	\$6.97	\$7.93	\$8.14	\$9.66
30 to 34	\$7.79	\$9.69	\$9.41	\$12.34	\$8.01	\$9.89	\$9.62	\$12.55
35 to 39	\$9.28	\$13.18	\$11.87	\$17.99	\$9.49	\$13.39	\$12.08	\$18.20
40 to 44	\$10.91	\$16.72	\$14.46	\$23.60	\$11.13	\$16.93	\$14.67	\$23.81
45 to 49	\$14.17	\$24.08	\$19.64	\$35.28	\$14.38	\$24.29	\$19.85	\$35.49
50 to 54	\$18.92	\$33.24	\$27.07	\$49.58	\$19.12	\$33.44	\$27.28	\$49.79
55 to 59	\$25.21	\$44.51	\$36.65	\$66.94	\$25.42	\$44.73	\$36.86	\$67.15
60 to 64	\$32.39	\$55.75	\$47.58	\$84.08	\$32.61	\$55.97	\$47.80	\$84.28
65 to 69	\$38.21	\$62.91	\$57.47	\$96.37	\$38.42	\$63.13	\$57.68	\$96.58
70 to 74	\$50.79	\$82.45	\$78.73	\$127.21	\$50.99	\$82.66	\$78.93	\$127.42
75 to 79	\$76.99	\$103.16	\$107.92	\$154.07	\$77.21	\$103.37	\$108.14	\$154.28
80 to 84	\$81.81	\$118.39	\$125.85	\$183.63	\$82.03	\$118.59	\$126.07	\$183.83
85 to 89	\$113.50	\$137.80	\$175.65	\$213.98	\$113.71	\$138.01	\$175.87	\$214.19
90 to 94	\$113.50	\$137.80	\$175.65	\$213.98	\$113.71	\$138.01	\$175.87	\$214.19
<25	\$6.35	\$6.88	\$7.31	\$8.16	\$6.55	\$7.09	\$7.52	\$8.37

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:

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).

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 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.

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 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.

Common 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); • 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).

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.
- **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.

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. Pre-existing condition limitations may apply. 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. **Pre-existing Condition Limitation** differs in FL and SC. **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. CI 960641. 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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Offered by Life Insurance Company of North America, a Cigna company

Employee-Paid

TERM LIFE INSURANCE

SUMMARY OF BENEFITS

Prepared for: METRO

Term Life insurance can help protect your loved ones' financial health if you are no longer there to support them.

Who Is Eligible For Coverage?:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

You will be eligible for coverage on the date of hire.

Your Spouse*: Is eligible 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.

*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.

Available Coverage:

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	Units of \$10,000	Lesser of 5 times salary or \$500,000	\$180,000
Spouse	Units of \$5,000	\$500,000 not to exceed 100% of the employees benefit	\$25,000
Children	\$10,000	\$10,000; under 6 Months old \$2,000	All amounts

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

Additional Features:

Extended Death Benefit with Waiver of Premium — The extended death benefit continues your coverage without payment of premium, before you're eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. "Disabled" means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupations as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Waiver of Premium — If you become Disabled prior to age 60, and you remain Disabled continuously for a 9 month period and thereafter, you won't need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are Disabled. "Disabled" for this coverage means, because of injury or sickness, you are unable to perform the material duties of your regular occupation, or are receiving disability benefits under a program sponsored by your employer, for the first 12 months after your Disability began. Thereafter, you must be unable to perform the material duties of any occupation that you are or may reasonably become qualified based on your education, training or experience. If you qualify for this coverage and have insured your spouse or children, the insurance company will also waive their premium if applicable.

Accelerated Death Benefit — Terminal Illness — if two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 100% of your Term Life Insurance coverage amount or \$250,000, whichever is less.

Spouse: 100% of your Term Life Insurance coverage amount or \$250,000, whichever is less.

Portability — If your employment is terminated, you can continue your life insurance on a direct-bill basis. Coverage may also be continued for your spouse/children. Premiums will increase at this time. Coverage can be continued to age 70, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion — To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Employee's Semi-Monthly Cost of Coverage:

Age	Employee Cost Per \$10,000 Unit	Spouse Cost Per \$5,000 Unit	Age	Employee Cost Per \$10,000 Unit	Spouse Cost Per \$5,000 Unit
0-19	\$0.350	\$0.175	60-64	\$4.755	\$2.378
20-24	\$0.350	\$0.175	65-69	\$7.350	\$3.675
25-29	\$0.350	\$0.175	70-74	\$11.300	\$5.650
30-34	\$0.520	\$0.260	75-79	\$17.450	\$8.725
35-39	\$0.610	\$0.305	80-84	\$17.450	\$8.725
40-44	\$0.850	\$0.425	85-89	\$17.450	\$8.725
45-49	\$1.320	\$0.660	90-94	\$17.450	\$8.725
50-54	\$2.305	\$1.153	95-99	\$17.450	\$8.725
55-59	\$3.910	\$1.955			

Child Cost Per \$1,000 = \$0.069

Actual per pay period premiums may differ slightly due to rounding. The rates above reflect the total cost. Rates vary by age and may be subject to change in the future. Benefits will reduce based on age (see Benefits Reduction Schedule for details).

How to Calculate Your Semi-Monthly Cost:

Step 1: Use the chart above to find your **Semi-Monthly** rate based on your age as of your effective date.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the table above to find the appropriate unit amounts for employee and/or dependents.

Step 3: The result is the **Semi-Monthly** cost.

Important Definitions and Policy Provisions:

When Your Coverage Begins and Ends – Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Benefit Reductions, Exclusions and Limitations:

Benefit Reduction Schedule – If you are still employed, your benefits will reduce to 65% at age 70, 50% at age 75 and 35% at age 80.

Exclusions – Voluntary life insurance will not be paid if you commit suicide, while sane or insane, within the first two years of coverage.

Limitations – The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability. **Waiver of Premium** – After premiums have been waived for 12 months, they will be waived for future periods of 12 months if you remain Disabled. This benefit will remain active until Social Security Normal Retirement Age subject to proof of continuing disability each year.

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 proof 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 proof 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 proof of good health.

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.

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 OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLX 968162. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. 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 TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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2021

Cigna Supplemental insurance plan summaries

Plan summaries for Washington residents

(includes required disclosure for Washington residents)

Accidental Injury Insurance

Critical Illness Insurance



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

Employee-Paid

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

SUMMARY OF BENEFITS

Prepared for: METRO

If you pass away or are seriously injured as a result of a covered accident or injury, you or your beneficiaries will receive a set amount to help pay for unexpected expenses, or help your loved ones pay for future expenses after you're gone.

Who Can Elect Coverage?:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

You will be eligible for coverage on the date of hire.

Your Spouse*: Is eligible 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.

*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.

Available Coverage:

	Benefit Amount	Maximum
Employee	Units of \$10,000	Lesser of 5 Times Salary or \$500,000
Spouse	Units of \$5,000	\$500,000 not to exceed 100% of the employee's benefit
Children	\$10,000	\$10,000

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

For Comas — You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

Additional Features:

For Wearing a Seatbelt — You will receive an additional 10% benefit but not more than \$5,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint.

For Exposure & Disappearance — Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

For Rehabilitation — If you or an insured family member incur rehabilitative expenses within 2 years of the date of a Covered Accident, we will pay an additional 5% of the benefit amount, subject to a maximum of \$10,000 for each Covered Accident.

For a Loss Resulting from a Common Carrier — If you or an insured family member suffer a covered loss while riding as a passenger in, or being struck by, a common carrier, we will pay an additional 100% of the benefit amount, to a maximum of \$500,000.

Additional Features — continued

Conversion — If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 3 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Your Bi-Weekly Cost of Coverage:

Employee Cost Per \$1,000 = \$0.013 Spouse Cost Per \$1,000 = \$0.013

Child's Cost Per \$1,000 = \$0.013

Actual per pay period premiums may differ slightly due to rounding. Benefits will reduce on age (see Benefits Reduction Schedule for details).

Rates may be subject to change in the future.

How to Calculate Your Bi-Weekly Cost of Coverage:

Step 1: Find the above Bi-Weekly rate.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the information above to find the appropriate unit amounts for employee and/or dependents.

Step 3: The result is the Bi-Weekly cost.

Important Definitions and Policy Provisions:

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 if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, 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 or your dependents, if applicable, 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. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions and Limitations

Benefit Reduction Schedule: If you are still employed, your benefits will reduce to 65% at age 70, 50% at age 75 and 35% at age 80. Your premiums will also reduce to match your benefits. Spouse reductions are based on employee age.

Exclusions — Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • 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 • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

Limitations — For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 969639. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability 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 TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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Important Definitions and Policy Provisions — continued

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. 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 hospital, facility or home confined, 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.)

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.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by policy holder/subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments; and • injuries that occur during the course of any employment for pay, benefit or profit. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions & Limitations:*

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person. Excludes: treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 365 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons Age 60 and older, visits for Mental or Nervous Disorders, and visits by a surgeon while confined to a Hospital. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person. Treatment must occur within 365 days of the Covered Accident. **Ground Ambulance or Water/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 365 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 365 days of the Covered Accident due to such accident. Limits: payable once per Covered Accident. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.

Hospital Stay per day: Must be admitted for at least 23 hours or admitted inpatient and confined within 365 days of the Covered Accident. Limits: 365 days per Covered Accident; 1 stay per accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 365 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 365 days of the Covered Accident. Limits: 365 days per Covered Accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 365 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 365 days of the Covered Accident.

Follow-up Physician Office Visit: Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physician office visits. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Follow-up Physical Therapy Visit:** Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physical therapy visits. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Large Lacerations:** Treatment by physician must be received within 365 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 365 days of the Covered Accident. Limits: payable 1 time per Covered Accident. **Coma:** Limits: payable 1 times per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma.

*State Variations

Spouse definition includes civil union partners in New Hampshire and Vermont. **Specific Benefit Exclusions and Limitations** The timeframe to obtain services following a covered accident is extended in SD and WA. **Common Exclusions** may vary for residents of MN, SC, SD, and WA. **Hospital/ICU Stay** requires a 31 day minimum for Idaho residents. See your Certificate for detail. **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.

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 "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

Terms and conditions of coverage for Accidental Injury insurance are set forth in Group Policy No. AI 960651. This is not intended as a complete description of the insurance coverage offered. 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 GAI-00-1000.00. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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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: METRO
WA Residents

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 and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States and residing in the state of Washington.

You will be eligible for coverage immediately.

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	\$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 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	
Additional Critical Illness Benefit	An additional full Benefit Amount for the diagnosis of a subsequent and different covered Critical Illness. Payable after a 6 month separation period from diagnosis of 1st covered Critical Illness.* If less than 100% of the Additional Critical Illness Benefit is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.
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.

Benefit Amount: \$5,000

Employee Employee + Spouse Employee + Children Employee + Family (EE) (EE+SP) (EE+CH) (EE+F)								
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.59	\$1.72	\$1.83	\$2.04	\$1.64	\$1.78	\$1.89	\$2.09
25 to 29	\$1.69	\$1.93	\$1.98	\$2.36	\$1.74	\$1.98	\$2.04	\$2.42
30 to 34	\$1.95	\$2.43	\$2.35	\$3.09	\$2.00	\$2.47	\$2.41	\$3.13
35 to 39	\$2.32	\$3.29	\$2.97	\$4.50	\$2.37	\$3.35	\$3.02	\$4.55
40 to 44	\$2.73	\$4.18	\$3.62	\$5.90	\$2.78	\$4.24	\$3.67	\$5.95
45 to 49	\$3.54	\$6.02	\$4.91	\$8.82	\$3.60	\$6.07	\$4.96	\$8.87
50 to 54	\$4.72	\$8.31	\$6.77	\$12.39	\$4.78	\$8.36	\$6.83	\$12.45
55 to 59	\$6.31	\$11.13	\$9.17	\$16.74	\$6.36	\$11.18	\$9.22	\$16.78
60 to 64	\$8.10	\$13.94	\$11.90	\$21.02	\$8.15	\$13.99	\$11.95	\$21.07
65 to 69	\$9.56	\$15.73	\$14.37	\$24.09	\$9.61	\$15.78	\$14.42	\$24.15
70 to 74	\$12.70	\$20.62	\$19.68	\$31.81	\$12.75	\$20.67	\$19.74	\$31.85
75 to 79	\$19.25	\$25.79	\$26.99	\$38.52	\$19.31	\$25.84	\$27.03	\$38.57
80 to 84	\$20.45	\$29.60	\$31.46	\$45.90	\$20.51	\$29.65	\$31.51	\$45.96
85 to 89	\$28.37	\$34.45	\$43.92	\$53.50	\$28.43	\$34.50	\$43.96	\$53.55
90 to 94	\$28.37	\$34.45	\$43.92	\$53.50	\$28.43	\$34.50	\$43.96	\$53.55
95+	\$28.37	\$34.45	\$43.92	\$53.50	\$28.43	\$34.50	\$43.96	\$53.55

Benefit Amount: \$10,000

Employee Employee + Spouse Employee + Children Employee + Family (EE) (EE+SP) (EE+CH) (EE+F)								
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$3.17	\$3.43	\$3.66	\$4.08	\$3.28	\$3.54	\$3.76	\$4.18
25 to 29	\$3.38	\$3.86	\$3.97	\$4.72	\$3.48	\$3.97	\$4.06	\$4.83
30 to 34	\$3.90	\$4.84	\$4.70	\$6.16	\$4.00	\$4.95	\$4.81	\$6.27
35 to 39	\$4.64	\$6.60	\$5.94	\$8.99	\$4.75	\$6.70	\$6.03	\$9.10
40 to 44	\$5.46	\$8.36	\$7.24	\$11.80	\$5.56	\$8.46	\$7.33	\$11.91
45 to 49	\$7.09	\$12.04	\$9.83	\$17.65	\$7.18	\$12.14	\$9.92	\$17.75
50 to 54	\$9.46	\$16.62	\$13.53	\$24.80	\$9.56	\$16.72	\$13.64	\$24.90
55 to 59	\$12.61	\$22.26	\$18.32	\$33.46	\$12.71	\$22.36	\$18.43	\$33.57
60 to 64	\$16.20	\$27.87	\$23.79	\$42.03	\$16.30	\$27.98	\$23.90	\$42.14
65 to 69	\$19.11	\$31.46	\$28.73	\$48.19	\$19.21	\$31.56	\$28.84	\$48.30
70 to 74	\$25.39	\$41.23	\$39.36	\$63.60	\$25.50	\$41.33	\$39.47	\$63.71
75 to 79	\$38.50	\$51.58	\$53.96	\$77.04	\$38.60	\$51.69	\$54.07	\$77.14
80 to 84	\$40.91	\$59.19	\$62.93	\$91.81	\$41.02	\$59.30	\$63.03	\$91.91
85 to 89	\$56.75	\$68.90	\$87.83	\$106.99	\$56.85	\$69.01	\$87.93	\$107.09
90 to 94	\$56.75	\$68.90	\$87.83	\$106.99	\$56.85	\$69.01	\$87.93	\$107.09
95+	\$56.75	\$68.90	\$87.83	\$106.99	\$56.85	\$69.01	\$87.93	\$107.09

Benefit Amount: \$20,000

Employee Employee + Spouse Employee + Children Employee + Family (EE) (EE+SP) (EE+CH) (EE+F)								
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$6.35	\$6.88	\$7.31	\$8.16	\$6.55	\$7.09	\$7.52	\$8.37
25 to 29	\$6.75	\$7.72	\$7.93	\$9.45	\$6.97	\$7.93	\$8.14	\$9.66
30 to 34	\$7.79	\$9.69	\$9.41	\$12.34	\$8.01	\$9.89	\$9.62	\$12.55
35 to 39	\$9.28	\$13.18	\$11.87	\$17.99	\$9.49	\$13.39	\$12.08	\$18.20
40 to 44	\$10.91	\$16.72	\$14.46	\$23.60	\$11.13	\$16.93	\$14.67	\$23.81
45 to 49	\$14.17	\$24.08	\$19.64	\$35.28	\$14.38	\$24.29	\$19.85	\$35.49
50 to 54	\$18.92	\$33.24	\$27.07	\$49.58	\$19.12	\$33.44	\$27.28	\$49.79
55 to 59	\$25.21	\$44.51	\$36.65	\$66.94	\$25.42	\$44.73	\$36.86	\$67.15
60 to 64	\$32.39	\$55.75	\$47.58	\$84.08	\$32.61	\$55.97	\$47.80	\$84.28
65 to 69	\$38.21	\$62.91	\$57.47	\$96.37	\$38.42	\$63.13	\$57.68	\$96.58
70 to 74	\$50.79	\$82.45	\$78.73	\$127.21	\$50.99	\$82.66	\$78.93	\$127.42
75 to 79	\$76.99	\$103.16	\$107.92	\$154.07	\$77.21	\$103.37	\$108.14	\$154.28
80 to 84	\$81.81	\$118.39	\$125.85	\$183.63	\$82.03	\$118.59	\$126.07	\$183.83
85 to 89	\$113.50	\$137.80	\$175.65	\$213.98	\$113.71	\$138.01	\$175.87	\$214.19
90 to 94	\$113.50	\$137.80	\$175.65	\$213.98	\$113.71	\$138.01	\$175.87	\$214.19
<25	\$6.35	\$6.88	\$7.31	\$8.16	\$6.55	\$7.09	\$7.52	\$8.37

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:

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.

Important Policy Provisions and Definitions — continued

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).

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 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.

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 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.

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.
- **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: 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. Pre-existing condition limitations may apply. 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. **Pre-existing Condition Limitation** differs in FL and SC. **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. CI 960641. 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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