

YOUR VOLUNTARY INSURANCE OPTIONS

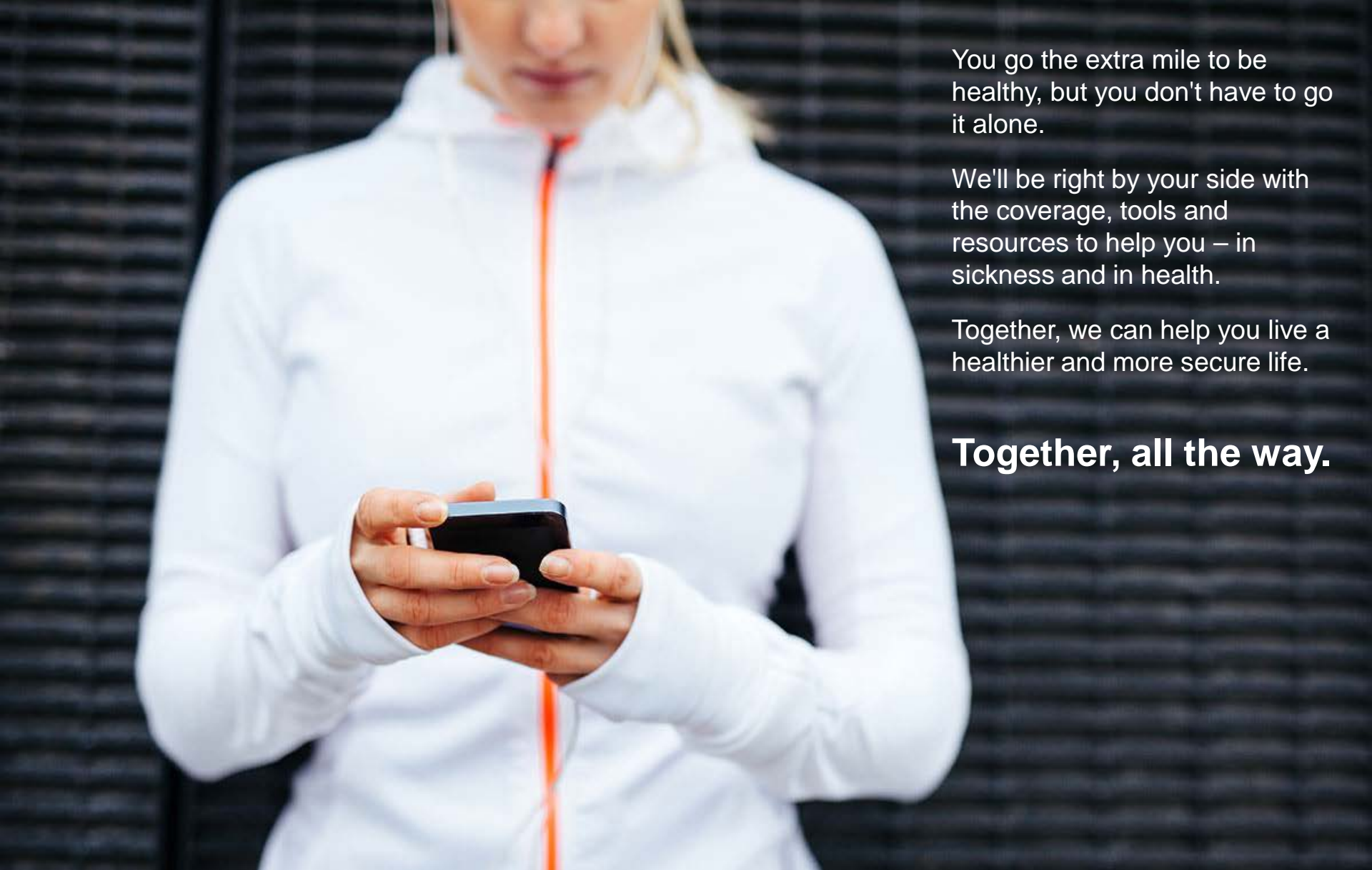
Delivering value. Every day.

Offered by Life Insurance Company of North America, Cigna Life Insurance Company of New York,
or Connecticut General Life Insurance Company

Together, all the way.[®]

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You go the extra mile to be healthy, but you don't have to go it alone.

We'll be right by your side with the coverage, tools and resources to help you – in sickness and in health.

Together, we can help you live a healthier and more secure life.

Together, all the way.



Voluntary group benefits can be purchased in addition to your other plans to provide additional support and protection

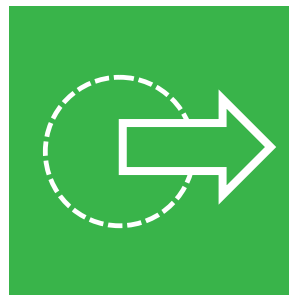
Cigna Voluntary Benefits Enrollment for the following plans only:

- Accidental Injury insurance
- Critical Illness insurance
- Hospital Care insurance



Group rates

You may pay less as an employee than you would as an individual for the same coverage.



Convenient payroll deductions

You'll have no separate bills to pay or checks to write.



Choice

You select the coverage that suits the needs of you and your family.

Nearly **2/3** of Americans live paycheck-to-paycheck*





ACCIDENTAL INJURY INSURANCE



Accidental injury insurance



Help to pay for expenses associated with a covered accident or injury.



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

* These are examples only. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations. See Exhibit A for more information.

**Please refer to your summary of benefits for more information, including exclusions, limitations and plan costs.

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Enhanced Accident Benefits



Help to pay for expenses associated with a covered accident or injury.



- Small Burns (2nd or 3rd degree – 20% or less of body)
- Large Burns (2nd/ 3rd degree – more than 20% of body)
- Skin-Graft Benefit (if burn benefit paid)
- Lacerations - Small <6 inches with 2+sutures or Large >6 inches with 2+sutures
- General Anesthesia Benefit
- Medicine Benefit
- Medical Supply Benefit
- Abdominal or Thoracic Surgery*
- Tendon, Ligament, Rotator Cuff, or Knee (Surgery – Repair*) or (Surgery – Exploratory*)
- Ruptured Disc Surgery
- Eye Injury Surgery or Eye Injury Removal of Foreign Object
- Emergency Dental – Extraction or Broken Tooth
- Concussion
- Coma
- Diagnostic Advanced
- Appliance (Durable Medical Equipment)
- Prosthesis (arm, leg, hand, foot, eye)
- Paralysis (Paraplegia/Quadriplegia)
- Blood, plasma, platelets
- Transportation (100+ miles one-way)
- Family Lodging (100+miles one-way)



Accidental injury insurance



Two coverage levels (difference is monthly premiums and payout amounts)**

- Plan 1
- Plan 2

Coverage type:

- Off-the-job accident

Portability*

The same coverage may be continued upon employee's termination of employment with Houston Methodist, or when the employee is no longer eligible for coverage.

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Meet Margie : Slips on wet floor : Suffers covered injuries



Coverage example

Expenses NOT covered by the Tier 1 Medical Insurance plan	
Emergency Room Care Copay	\$250
Outpatient Facility Fee	\$150
Surgery Coinsurance (10%)	\$1,000
10 Physical Therapy Visits Copay	\$200
OUT-OF-POCKET COSTS	\$1,600

Benefits paid by Accidental Injury Plan	Plan 1	Plan 2
	Emergency Room Visit	\$100
Dislocated Knee	\$2,000	\$3,000
Fractured Wrist	\$800	\$1,600
Follow-up Appointment	\$50	\$100
10 Physical Therapy Visits	\$250	\$500
BENEFITS PAID	\$3,200	\$5,400

Accidental Injury (Bi-Weekly 26 Pay Periods)			
Plan 1			
Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$1.87	\$3.97	\$4.04	\$4.99
Plan 2			
Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$3.86	\$7.63	\$7.76	\$10.02

*Refer to Benefit Summary for exclusions, limitations and premiums

This is an example used for illustrative purposes only and assumes injuries were the direct result of a covered accident. Your actual costs and plan's actual benefit amounts may vary.

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CRITICAL ILLNESS INSURANCE



Critical illness insurance

Additional financial protection for when you need it most.



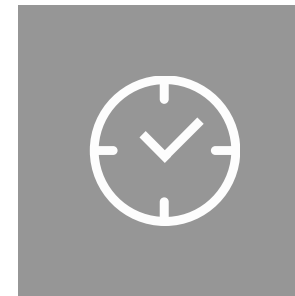
29% of Americans have a high-deductible health plan¹



Maximum out-of-pocket expenses for a high-deductible health plan can reach up to **\$6,550** a year (**\$13,100** for families)²



Each year, about **735,000** Americans have a heart attack³



Every **40 seconds** a stroke occurs in the U.S.⁴

1. Kaiser Family Foundation, "2016 Employer Health Benefits Survey." September 2016.

2. IRS 2017 HDHP Limits. April 2016.

3. CDC, "Know the Signs and Symptoms of a Heart Attack." 2016.

4. American Stroke Association. "Impact of Stroke (Stroke Statistics)." June 2016.

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Critical illness insurance

Help with a life-changing health event.



Pays a lump-sum benefit in the event you are faced with a covered critical illness like cancer, heart attack or stroke.*



What you do with the payment is up to you. It can be used for expenses beyond direct medical costs, including:

- Travel, room and board for medical treatment
- Child care
- Treatment options not covered by traditional insurance
- Everyday household bills

Pays a lump-sum benefit directly to you or whomever you choose.

If you choose to cover your family, payments are made directly to you or whomever you choose.

It can help provide financial relief so you can focus on getting better.



*All plans have exclusions and limitations. Please review your Benefit Summary for more information about what is and is not covered under your plan.

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Coverage Plan Options



Critical Illness – Plan 1	
Coverage Options:	Benefit Amounts:
Employee Only	\$15,000
Employee & Spouse	\$15,000 / \$7,500
Employee & Child(ren)	\$15,000 / \$7,500
Employee & Family	\$15,000 / \$7,500 / \$7,500

Critical Illness – Plan 2	
Coverage Options:	Benefit Amounts:
Employee Only	\$30,000
Employee & Spouse	\$30,000 / \$15,000
Employee & Child(ren)	\$30,000 / \$15,000
Employee & Family	\$30,000 / \$15,000 / \$15,000

Child(ren) coverage birth to age 26; 26+ if disabled

*These are examples only. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations. See Exhibit B for more information.





- **Covered Vascular, Nervous and Other Specified conditions such as:***

- Heart attack
- Stroke
- Coronary artery disease
- Blindness
- End-Stage Renal (Kidney) Disease
- Benign Brain Tumor
- Coma
- Major organ failure
- Paralysis
- ALS (Lou Gehrig's disease)
- Advanced Alzheimer's Disease
- Parkinson's Disease
- Multiple Sclerosis

- ✓ **Guaranteed Issue coverage – No health questions**
- ✓ **There is no Pre-Existing Condition Limitation to satisfy. Therefore, if you are diagnosed with a Critical Illness (excluding invasive cancer) on or after your effective date, Cigna will not take your medical records prior to the effective date into consideration while evaluating your claim.**

*These are examples only. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations. See Exhibit B for more information.



- **Covered Cancer Conditions such as:***

- Invasive Cancer
 - Carcinoma In Situ
 - Skin Cancer
- ✓ Invasive Cancer Lookback Period – This plan has a Lookback period of 12 months, which excludes the recurrence or metastasis of an original Cancer that was diagnosed or that you have undergone treatment for within 12 months of being re-diagnosed with cancer while under this coverage.
 - ✓ This means that if you were re-diagnosed with cancer on or after the plan effective date, your claim may be denied if Cigna finds that you were previously diagnosed with or were in active treatment for that cancer at some point in the 12 months leading up to the re-diagnosis. Claims are evaluated on an individual basis.

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- **Covered Occupational Conditions such as:***

- Occupational Hepatitis – B
- Occupational Hepatitis – C
- Occupational HIV

- ✓ Occupational Conditions, mean the accidental exposure must occur during the normal course of duties for the occupation in which the Covered Person is regularly engaged. Excludes infections from intravenous drug use or sexually transmitted.

*These are examples only. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations. See Exhibit B for more information.

Benefit details – Plan 1 - \$15,000 Benefit



Initial Critical Illness Benefit:

This benefit adds long-term value to your Critical Illness plan by paying you for more than one covered condition. Each covered condition will be payable one time per Covered Person, subject to the Maximum Lifetime Limit of 5 times the elected Benefit Amount. Does not apply to Skin Cancer or Health Screening Benefits. A 0 day separation period between the dates of diagnosis is required.

Example of how the Initial Critical Illness benefit would pay for a family plan with a \$15,000 benefit with a 0 day separation period between the dates of diagnosis:

Lump Sum: \$15,000	Employee (100%)	Spouse/Partner (50%)	Child(ren) (50%)
1 st Diagnosis	\$15,000 (Heart Attack)	\$7,500 Available	\$7,500 Available
2 nd Diagnosis	\$15,000 (Stroke)	\$7,500 Available	\$7,500 Available
Maximum Plan Payout	\$75,000	\$37,500	\$37,500

*These are examples only. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations. See Exhibit B for more information.

Benefit details – Plan 1 - \$15,000 Benefit



Recurrence Benefit:

Pays you multiple times for one covered condition. It is an equal lump sum payment for the diagnosis of a second and same covered condition that has received a benefit payout from a previous diagnosis. A minimum of at least 12 months is required between the first and second diagnosis.

Example of how the Recurrence benefit would pay for a family plan with a \$15,000 benefit with a minimum of at least 12 months is required between the first and second diagnosis:

Lump Sum: \$15,000	Employee (100%)	Spouse/Partner (50%)	Child(ren) (50%)
1 st Diagnosis	\$15,000 (Heart Attack)	\$7,500 Available	\$7,500 Available
2 nd Diagnosis	\$15,000 (Heart Attack)	\$7,500 Available	\$7,500 Available
Maximum Plan Payout	\$75,000	\$37,500	\$37,500

*These are examples only. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations. See Exhibit B for more information.

Health Screening Benefit



- Benefit of \$50 per covered person, per calendar year, for a health screening or diagnostic test.

Health screening tests

- › Bone marrow testing
- › Breast cancer blood test (CA 15-3)
- › Breast ultrasound
- › Chest x-rays
- › Colon cancer blood test (CEA)
- › Colonoscopy
- › Fasting blood glucose test
- › Flexible sigmoidoscopy
- › Hemocult stool specimen
- › Mammography
- › Myeloma blood test (serum protein electrophoresis)
- › Ovarian cancer blood test (CA125)
- › Pap smear for women over age 18
- › Prostate specific antigen (for prostate cancer)
- › Serum cholesterol test to determine levels of HDL and LDL
- › Stress test on a bicycle or treadmill
- › Thermography
- › Triglycerides blood test

Benefit Exclusions and Limitations

Services must be provided under the direction of a physician. A 30-day waiting period may apply depending on the terms of your employer's specific group policy. The waiting period is the period of time following the effective date of coverage, during which no benefits are payable. This Rider provides benefits for only those tests named in the Health Screening Tests list.

* Exclusions or limitations may apply. Please see your Benefit Summary for more details.

Meet Carter

- 40 years old
- Diagnosis:
Covered heart attack*



CRITICAL
ILLNESS
INSURANCE

Coverage example

Expenses NOT covered by the Tier 1 Medical Insurance Plan

Annual Deductible and Coinsurance	\$4,500
Other Expenses not covered	\$750
OUT-OF-POCKET COSTS	\$5,250

Critical Illness Plan

COVERAGE PAID

\$15,000

Lump-sum payment to Carter upon diagnosis to use as he sees fit

This is an example used for illustrative purposes only and is not based on an actual customer experience. Actual costs and benefit amounts under your specific plan or policy may vary.

* A "heart attack" requires confirmation by diagnostic testing. Examples include EKG or elevation of biochemical/cardiac enzyme markers.

**Refer to benefit summary for exclusions, limitations and premiums.



\$15,000 – Plan 1 - Voluntary Rates - 5 Year Increments

Critical Illness (Bi-Weekly 26 Pay periods)					
	Employee	EE + Spouse Rates	EE + Child(ren) Rates	EE + Family	
EE Rates Under 25	\$2.07	\$3.41	\$3.35	\$4.68	
EE Rates 25 - 29	\$2.40	\$3.86	\$3.68	\$5.13	
EE Rates 30 - 34	\$3.09	\$4.80	\$4.32	\$6.03	
EE Rates 35 - 39	\$4.03	\$6.15	\$5.18	\$7.29	
EE Rates 40 - 44	\$4.82	\$7.33	\$5.92	\$8.43	
EE Rates 45 - 49	\$6.98	\$10.70	\$8.10	\$11.82	
EE Rates 50 - 54	\$9.25	\$14.69	\$10.37	\$15.81	
EE Rates 55 - 59	\$15.89	\$25.91	\$17.20	\$27.23	
EE Rates 60 -64	\$19.74	\$32.39	\$21.05	\$33.71	
EE Rates 65 - 69	\$24.06	\$39.00	\$25.37	\$40.31	
EE Rates 70 - 74	\$35.41	\$56.42	\$36.76	\$57.76	
EE Rates 75 - 79	\$45.02	\$72.96	\$46.37	\$74.32	
EE Rates 80 - 84	\$61.21	\$92.04	\$62.56	\$93.40	
EE Rates 85+	\$72.91	\$120.85	\$74.26	\$122.20	

This is an example used for illustrative purposes only and is not based on an actual customer experience. Actual costs and benefit amounts under your specific plan or policy may vary.

* A "heart attack" requires confirmation by diagnostic testing. Examples include EKG or elevation of biochemical/cardiac enzyme markers.

**Refer to benefit summary for exclusions, limitations and premiums.



\$30,000 – Plan 2 - Voluntary Rates - 5 Year Increments

Critical Illness (Bi-Weekly 26 Pay periods)					
	Employee Rates	EE + Spouse Rates	EE + Child(ren) Rates	EE + Family	
EE Rates Under 25	\$4.14	\$6.81	\$6.70		\$9.37
EE Rates 25 - 29	\$4.80	\$7.71	\$7.35		\$10.26
EE Rates 30 - 34	\$6.19	\$9.61	\$8.64		\$12.06
EE Rates 35 - 39	\$8.07	\$12.30	\$10.36		\$14.58
EE Rates 40 - 44	\$9.65	\$14.66	\$11.84		\$16.85
EE Rates 45 - 49	\$13.97	\$21.39	\$16.20		\$23.64
EE Rates 50 - 54	\$18.51	\$29.38	\$20.74		\$31.61
EE Rates 55 - 59	\$31.78	\$51.83	\$34.39		\$54.46
EE Rates 60 - 64	\$39.48	\$64.79	\$42.11		\$67.42
EE Rates 65 - 69	\$48.12	\$78.00	\$50.73		\$80.63
EE Rates 70 - 74	\$70.82	\$112.83	\$73.52		\$115.52
EE Rates 75 - 79	\$90.04	\$145.92	\$92.74		\$148.64
EE Rates 80 - 84	\$122.41	\$184.08	\$125.13		\$186.80
EE Rates 85 - 89	\$145.81	\$241.70	\$148.53		\$244.40

This is an example used for illustrative purposes only and is not based on an actual customer experience. Actual costs and benefit amounts under your specific plan or policy may vary.

* A "heart attack" requires confirmation by diagnostic testing. Examples include EKG or elevation of biochemical/cardiac enzyme markers.

**Refer to benefit summary for exclusions, limitations and premiums.





HOSPITAL CARE INDEMNITY INSURANCE



Hospital Care indemnity insurance

Helps with a covered hospital stay¹



Pays benefits for a covered hospital stay resulting from a covered injury or illness. Coverage continues after the first hospital stay so you have additional protection for future hospital stays.^{1,2}



You can use the money however you'd like.² For example, it can help you pay for expenses related to:

- Medical bills not covered by your health plan
- Child care
- Travel
- Other out-of-pocket expenses

There are no copays, deductibles, coinsurance or network requirements.

There is NO Pre-existing condition limitation on this plan.

The average inpatient hospital stay in the U.S.:

Costs **\$2,271 per day³**

Lasts **6.1 days⁴**

1. The term "Hospital" does NOT include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addicts or alcoholics; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.
2. Benefits may be paid directly to the hospital upon assignment.
3. Kaiser Family Foundation. "2015 Hospital Adjusted Expenses per Inpatient Day."
4. National Center for Health Statistics, "Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities." May 2016.



Meet Joan

- 48 years old
- Hospitalization:
Covered accident



HOSPITAL
CARE
INSURANCE

Coverage example

Expenses NOT covered by the Tier 1 Medical Insurance Plan

Hospital Copay	\$250
Hospital Coinsurance (10%)*	\$2,000
Indirect expenses	\$500
TOTAL OUT-OF-POCKET:	\$2,750

Benefits paid by Hospital Care plan*

Hospital admission	\$1,500
Hospital ICU stay (1 day)	\$200
Hospital stay (3 days)	\$300
BENEFITS PAID	\$2,000

*Example based on a \$20,000 Hospital Claim

Hospital Care (Bi-Weekly 26 Pay Periods)

Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$9.13	\$16.91	\$14.94	\$23.18

This is an example used for illustrative purposes only. Your plan's actual costs and benefit amounts may vary.

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DELIVERING VALUE. EVERY DAY.

Value-add programs and services



Programs and services that support your financial wellness*



DELIVERING
VALUE.
EVERY DAY.



CignaWillCenter.com

Online legal guidance
and support

*These programs are NOT insurance and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Cignassurance is available to beneficiaries receiving coverage checks over \$5,000 from group life and personal accident policies. Cignassurance counseling, legal or financial assistance programs are not available under policies insured by Cigna Life Insurance Company of New York. Cigna Secure Travel is available to customers covered under group accident policies. Programs are provided by third-party vendors, and not by Cigna. Contact your Cigna representative for details.

**Cigna Secure Travel is only available to customers covered under group accident policies. In addition to non-insurance services, the Cigna Secure Travel program includes insured benefits for certain losses that may be incurred by covered employees while traveling and as a result of a covered accident. Review your enrollment materials or contact Cigna for more information.

My Secure Advantage is a trademark of CLC Incorporated.





ENROLLMENT



ENROLLING — WHEN, WHERE AND HOW

Step 1

Access the Methodist Administrative Resources System (MARS).

- **From a Houston Methodist Facility:** From the Houston Methodist intranet, select **MARS** and then click **Go** under Frequently Accessed Pages. Login to MARS using your Houston Methodist network ID and password. For access, you must be connected to the Houston Methodist Network. Workstations are available in your HR Department and at various locations. Ask your manager or HR Department where you may enroll if you need computer access.
- **From home (or non-Houston Methodist location):** Log on to MARS from *myHR.HoustonMethodist.org*. Select **CLICK HERE** under **HM Home Access**. Enter your Houston Methodist network ID and answer your MARS Home Access Knowledge Based Questions. Enter your Houston Methodist network password and select **MARS Portal**.

IMPORTANT: If you are a new hire or newly benefits eligible employee, you only have 30 days from your eligibility date to make your benefit elections.

Step 2

On the home page, click the **Benefit Details** tile and select **Benefits Enrollment**. Then, click **Select** next to the Enrollment event. Follow the page-by-page instructions to update all applicable benefits. Once finished with updates, click **Save and Continue**, **Submit** and then **OK**.

Step 3

You have successfully completed your enrollment when **Submitted** appears under **Event Status** on the Benefits Enrollment page.

Step 4

Print and/or email your benefit choices from the Benefits Summary page 24 hours after you make your elections.

Important!

Establish Life and AD&D beneficiaries immediately upon initial enrollment so that the rest of your benefit elections will not be delayed.

Need help?

If you need additional assistance, contact your Houston Methodist HR Department or HR Hub at 832.667.6211 or hrrhub@houstonmethodist.org.

Retirement 403(b) Plan

You must enroll separately at netbenefits.com/Methodist.

Enrollment checklist and choice deadline



Please enter your enrollment choice before the end of your new hire enrollment period into the MARS enrollment system.



- **Call** our toll-free hotline at 1.800.351.9214 to speak to a Cigna representative
- **Think** about your family and your financial obligations. What would happen if you became sick or injured? What if you were no longer there to support them?
- **Review** your Summary of Benefits located on MyHR.HoustonMethodist.org in the HR Library for specific plan details.





Q&A

What you want to know



Group accident, critical illness and hospital care indemnity insurance policies pay limited benefits only. They do not constitute comprehensive health insurance coverage and are 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.

The information in this presentation summarizes the highlights of your plans. For a complete list of both covered and not covered services, including benefits required by your state, see your employer’s group insurance policy, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

Product availability may vary by location and plan type and is subject to change. All group insurance policies and benefit plans may contain exclusions, limitations, reduction of benefits, and terms under which the policies may be continued in force or discontinued. For costs and complete details of coverage, your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Group Universal Life (GUL) insurance policies are offered by Connecticut General Life Insurance Company. Term life, disability, accident, accidental injury, critical illness and hospital care plans or insurance policies are insured or administered by Life Insurance Company of North America, except in NY, where insured plans are offered by Cigna Life Insurance Company of New York (New York, NY). Group critical illness and hospital care insurance is not available in NY. Policy forms: GUL - XX-603404 et al; Disability & Term Life - TL-004700 et al; Accident - GA-00-1000.00 et al; Accidental Injury - GAI-00-1000, GAI-00-1000.OR et al; Critical Illness - GCI-00-1000, GCI-00-0000.OR, GCI-02-1000, GCI-02-1000. OR; et al Hospital Care - GHIP-00-1000, GHIP-00-1000.ORa et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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