IMPORTANT: This is a fixed indemnity policy,
NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Distributed by: Operating subsidiaries of Cigna Corporation. Insurance benefits are underwritten by Cigna Health and Life Insurance Company.

Employee-Paid

HOSPITAL CARE COVERAGE

SUMMARY OF BENEFITS

Prepared for: Housing Benefits Plan

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay or undergoes a broad range of medical treatments or care resulting from a Covered Injury or Covered Illness *See State Variations (marked by *) below.*

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.
You: All active, full-time employees regularly working a minimum of 20 hours per week and their Legal Spouse and Dependent Children.
You will be eligible for coverage the first of the month following date of hire.
Your Spouse:* Up to age 100, as long as you apply for and are approved for coverage yourself.
Your Child(ren): Birth to age 26; 26+ if disabled, 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 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 the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.
Benefit Waiting Period:* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.
NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission (Non-ICU and ICU) No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	$1,000	$2,000
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	$50	$100
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	$100	$200
Hospital Intensive Care Unit (ICU) Stay Day 1 (Additional ICU Admission + Per Day) Day 2 - 30 (Per Day) No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	$1,200 one time $200 per day	$2,400 one time $400 per day
Hospital Observation Stay 24 hour Elimination Period. Limited to 72 hours.	$100 per 24-hour period	$200 per 24-hour period

Additional Care Benefits*	Plan 1	Plan 2
Skilled Nursing Facility Care (Includes Rehabilitation Confinement) No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	$50 per day	$100 per day
Substance Abuse Facility Care No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	$50 per day	$100 per day
Mental Illness and Nervous Disorder Facility Care No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	$50 per day	$100 per day

Portability Feature:* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 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.

Employee's Semi-Monthly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee Only	$7.51	$14.92
Employee and Spouse	$18.02	$35.95
Employee and Child(ren)	$11.95	$23.80
Employee and Family	$22.47	$44.84

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

NOTE: The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.

Benefit Amounts Payable: Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

Hospital Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Chronic Condition Admission: Must be admitted as an Inpatient due to a covered chronic condition and treatment for a covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Stay: Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.

Intensive Care Unit (ICU) Stay: Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.

Hospital Observation Stay: Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours on a non-inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

Benefit-Specific Conditions, Exclusions & Limitations (Additional Care Benefits):

- Excludes routine health examinations or immunizations or for visits by a Physician or other licensed health care professional while confined to a Hospital.
- Some benefits require services to be performed, prescribed or recommended by a Physician
- **Skilled Nursing Facility Care:** Must be confined in such facility due to a Covered Injury or Covered Illness at the direction and under the care of a physician or licensed health care professional. Benefits are not payable during same period as a Hospital, ICU stay or other Facility Stay. Facility stays or care provided within 90 days for the same or a related Covered Injury or Covered Illness is considered one stay or one period of care. Benefits for care beginning during the Benefit Waiting Period will payable after such period. The Exclusions that apply to this benefit are in the Common Exclusions Section.
- **Substance Abuse Facility Care:** Must be confined in such facility due to a Covered Injury or Covered Illness at the direction and under the care of a physician or licensed health care professional. Benefits are not payable during same period as a Hospital, ICU stay or other Facility Stay. Facility stays or care provided within 90 days for the same or a related Covered Injury or Covered Illness is considered one stay or one period of care. Benefits for care beginning during the Benefit Waiting Period will payable after such period. For a Substance Abuse Facility, the facility must charge room and board for treatment services. The exclusions that apply to this benefit are in the Common Exclusions Section, except: (5) 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; (6) 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. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Injury or Covered Illness occurred.
- **Mental Illness and Nervous Disorder Facility Care:** Must be confined in such facility due to a Covered Injury or Covered Illness at the direction and under the care of a physician or licensed health care professional. Benefits are not payable during same period as a Hospital, ICU stay or other Facility Stay. Facility stays or care provided within 90 days for the same or a related Covered Injury or Covered Illness is considered one stay or one period of care. Benefits for care beginning during the Benefit Waiting Period will payable after such period. The exclusions

Benefit-Specific Conditions, Exclusions & Limitations (Additional Care Benefits):

that apply to this benefit are in the Common Exclusions Section, except: (1) Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane.

Common Exclusions and Limitations:

Exclusions:* In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Illness which is caused by or results from any of the following (unless otherwise provided for in the policy): • Intentionally self-inflicted injury, suicide or any attempted threat while sane or insane; • Commission or attempt to commit a felony or an assault; • Declared or undeclared war or act of war; • A Covered Injury or Covered Illness that occurs while on 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; • 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. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Injury or Covered Illness occurred. (excludes WA residents); • Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect; • Dental surgery, unless the surgery is the result of an accidental injury. In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is: employed or retained by the Subscriber or providing homeopathic, aroma-therapeutic or herbal therapeutic services or living in the Covered Person's household or a parent, sibling, spouse or child of the Covered Person.

Important Definitions:

Covered Illness: A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.
Covered Injury: Any bodily harm that results in a covered loss.
Covered Person: An eligible person, as defined in the Schedule of Benefits, who is enrolled and for whom Evidence of Insurability, where required, has been accepted by Us, required premium has been paid when due, and coverage under this Policy remains in force.
Elimination Period: The continuous period of time that must be satisfied before a benefit shown in the Schedule of Benefits is payable. An Elimination Period may be satisfied during the Policy's Benefit Waiting Period.
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 physicians; 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. The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care.
Skilled Nursing Facility: an institution or distinct part of an institution which: (1) provides skilled nursing care for sick and injured persons; (2) is supervised at all times my a physician or registered professional nurse; (3) has a physician available at all times; (4) meets all licensing and legal requirements; (5) is not mainly a place for rest, custodial care, or care of the aged, drug addicts, alcoholics, or those with mental or nervous disorders, or a hotel or similar establishment.
Substance Abuse Facility: A residential treatment facility which: (1) offers room and board; (2) provides specialized treatment, rehabilitation or habilitation services for persons with emotional, psychological, developmental, or behavioral dysfunctions, impairments, or chemical dependencies. In residential treatment programs, patients are assisted in acquiring the social and behavioral skills necessary for living independently in the community.
Mental Illness and Nervous Disorder: Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind, regardless of cause, without demonstrable organic disease, where improvement can reasonably be anticipated with therapy.

Policy Provisions:

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for 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 for any Covered Person ends on the earliest of the date they 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 Spouse and Dependent Child(ren), if applicable, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the *Continuation of Insurance* provisions in your Certificate.)

Policy Provisions:

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.

***State Variations**

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.Spouse definition includes civil union partners in Vermont. **Hospital Stay, Hospital Intensive Care Unit (ICU) Stay, and Newborn Nursery Care Stay** the number of days benefits are payable may differ for residents of ID. **Hospital Stay Hospital Intensive Care Unit (ICU) Stay** benefits will always be included for residents of ND. **Hospital Intensive Care Unit (ICU) Stay** Additional ICU Admission benefit is not available for residents of TX, NH. **Hospital Stay** benefits will always be included for residents of AK **Observation Stay** the Elimination Period is referred to as an Observation Period for residents of ID and ND. Skilled Nursing Facility Care is not available to residents of TX. **Elimination Period** will not apply to residents ID and NH. **Exclusions** may vary for residents of MN, SC, SD, and WA. **Portability** in TX, VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. Benefits may not be available to residents of NM.

Series 1.0

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

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. An appeal of an adverse benefit determination before Cigna shall be a condition precedent to any legal or equitable action seeking the enforcement of rights under the Policy or plan, or any other remedies relating directly or indirectly to the claim under the Policy or plan. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc

Terms and conditions of coverage for coverage are set forth in Group Policy No. HC110893. 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 Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

958325 © 2024 Cigna. Some content provided under license.