



Offered by Life Insurance Company of North America

Employee-Paid

HOSPITAL CARE COVERAGE

SUMMARY OF BENEFITS

Prepared for: Baylor, Scott & White Health

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:

You: All active Employees of the Employer regularly working a minimum of 20 hours per week, who are United States citizens or permanent resident aliens, regularly working and residing in the United States and their United States citizen Spouse and Dependent Children who are residing in the United States.

You will be eligible for coverage immediately.

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, once it is available to you.

Benefit Waiting Period:* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.

Client Facilities (Tier 1) are those facilities owned, operated, or controlled by, and/or affiliated with or contracted to be a Tier 1 in-network provider by your employer. Please contact your Employer for a list of these facilities. ND, residents will receive Client Facilities (Tier 1) benefits even when services are obtained at Other Facilities.

Hospitalization Benefits	Client Facilities / Other Facilities
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 30 days.	\$625 / \$500
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 30 days.	\$65 / \$50
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 30 days.	\$125 / \$100
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 30 days.	\$250 / \$200
Hospital Observation Stay 24 hour Elimination Period. Limited to 72 hours.	\$125 / \$100 per 24-hour period
Newborn Nursery Care Admission Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$625 / \$500
Newborn Nursery Care Stay* Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$125 / \$100
Additional Care Benefits*	Client Facilities
Substance Abuse No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	\$125 / \$100 per day

Additional Care Benefits*	Client Facilities
Mental Illness and Nervous Disorder Facility Care No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	\$125 / \$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 Bi-Weekly Cost of Coverage:

Tier	Plan 1
Employee Only	\$6.08
Employee & Spouse	\$10.76
Employee & Child(ren)	\$10.39
Employee & Family	\$15.08

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

Please visit <http://view.ceros.com/cigna/bswh> or call 1-877-505-5872 for additional information.

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.

Newborn Nursery Care Admission and Newborn Nursery Care Stay: Must be admitted as an Inpatient and confined in a Hospital immediately following birth at the direction and under the care of a physician.

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
- **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. Care must begin within 30 days of a 1 day(s) Hospital or ICU Stay. 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

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

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. Care must begin within 30 days of a 1 day(s) Hospital or ICU Stay. 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 be payable after such period. The exclusions that apply to this benefit are in the Common Exclusions Section, except: (1) Intentionally self-inflicted Injury, suicide or any attempt thereof 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; • 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 (excludes WA residents); • 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); • Those not necessary, as determined by Us in accordance with generally accepted standards of medical practice, for the diagnosis, care or treatment of the physical or mental condition involved. This applies even if they are prescribed, recommended, or approved by the attending physician; • 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: 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.

For information on the plan and specific exclusions please call 1-877-505-5872.

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.

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. Deferral of the effective date will not apply to the Newborn Nursery Care Admission and Stay Benefit.

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

Policy Provisions:

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.)

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 New Hampshire and Vermont. **Newborn Nursery Care Admission and Stay Benefits** are not available to residents in ID, NH, OR, and WA. **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. **Exclusions** may vary for residents of MN, SC, SD, and WA. **Important Definitions (Hospital)** may vary for residents of ID, NH, OR, WA and VT.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO 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.

Series 1.0/1.1/1.2

This is not intended as a complete description of the insurance coverage offered. This is not a contract. Full terms and conditions of coverage are defined by and governed by Group Policy No.HC962377. 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 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. For costs and details of coverage, review your plan documents or contact a Cigna representative. 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 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 GHIP-00-1000.00, GHIP-1.2-1000. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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