



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

Employee-Paid  
**CRITICAL ILLNESS INSURANCE**

**SUMMARY OF BENEFITS**

Prepared for: Dougherty County School System

**Critical Illness insurance provides a cash benefit when a Covered Person is diagnosed with a covered critical illness or event after coverage is in effect. See State Variations (marked by \*) below.**

**Who Can Elect Coverage:**

**You:** All active, full-time Employees of the Employer regularly working a minimum of 20 hours per week, who are United States citizens and permanent resident aliens, regularly working and residing in the United States and their U.S. citizen Spouse and Dependent Children who are residing in the United States and who elect to NOT include Cancer as a covered condition.

You will be eligible for coverage the first of the month on or after 30 days of active service.

**Your Spouse:\*** Is eligible as long as you apply for and are approved for coverage yourself.

**Your Child(ren):** Birth to 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

**Available Coverage:**

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

	<b>Benefit Amount</b>	<b>Guaranteed Issue Amount</b>
Employee	\$5,000, \$10,000, \$15,000, \$20,000, \$30,000	Up to \$30,000
Spouse	50% of employee amount	Up to \$15,000
Children	50% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

<b>Covered Conditions</b>	<b>Initial Benefit Amount %</b>	<b>Recurrence % of Initial Benefit Amount</b>
<b><u>Vascular Conditions</u></b>		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
<b><u>Nervous System Conditions</u></b>		
Advanced Alzheimer's Disease	25%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available
<b><u>Childhood Conditions*</u></b>		
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	100%
Muscular Dystrophy	100%	100%
Poliomyelitis	100%	Not Available
<b><u>Other Specified Conditions</u></b>		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	25%	25%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%

Health Screening Test Benefit	Benefit Amount
Examples includes (but are not limited to) mammography, and certain blood tests.	\$75 per day, limited to 1 per year

\*For Childhood Conditions, the Initial Benefit Amount % listed above refers to the Employee's percentage amount. Please refer to the beginning of the Available Coverage section above for details on how much coverage is available for covered children.

Benefits	
<b>Initial Critical Illness Benefit</b>	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person, subject to the Maximum Lifetime Limit. A 180 days separation period between the dates of diagnosis is required.*
<b>Recurrence Benefit</b>	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid, payable after a 12 month separation period from diagnosis of a previous Covered Condition, subject to the Maximum Lifetime Limit.
<b>Maximum Lifetime Limit</b>	The maximum benefit payable per Covered Person is the lesser of 5 times the elected Benefit Amount or \$150,000. The following benefits are not subject to this limit: Additional Benefits.

**Portability Feature:** You can continue 100% of coverage for all Covered Persons at the time Your coverage ends. You must be covered under the policy and be under the age of 99 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.

### Monthly Cost of Coverage:

#### Benefit Amount: \$5,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$4.07	\$4.18	\$6.51	\$6.70	\$4.07	\$4.18	\$6.51	\$6.70
25 to 29	\$4.19	\$4.40	\$6.69	\$7.05	\$4.19	\$4.40	\$6.69	\$7.05
30 to 34	\$4.42	\$4.82	\$7.09	\$7.77	\$4.42	\$4.82	\$7.09	\$7.77
35 to 39	\$4.73	\$5.52	\$7.63	\$9.01	\$4.73	\$5.52	\$7.63	\$9.01
40 to 44	\$5.14	\$6.34	\$8.37	\$10.53	\$5.14	\$6.34	\$8.37	\$10.53
45 to 49	\$5.83	\$7.84	\$9.57	\$13.18	\$5.83	\$7.84	\$9.57	\$13.18
50 to 54	\$6.70	\$9.51	\$11.16	\$16.07	\$6.70	\$9.51	\$11.16	\$16.07
55 to 59	\$8.17	\$12.16	\$13.64	\$20.48	\$8.17	\$12.16	\$13.64	\$20.48
60 to 64	\$10.28	\$15.68	\$16.98	\$25.98	\$10.28	\$15.68	\$16.98	\$25.98
65 to 69	\$13.58	\$20.60	\$21.94	\$33.07	\$13.58	\$20.60	\$21.94	\$33.07
70 to 74	\$17.63	\$26.17	\$28.45	\$42.05	\$17.63	\$26.17	\$28.45	\$42.05
75 to 79	\$20.64	\$29.51	\$35.60	\$49.42	\$20.64	\$29.51	\$35.60	\$49.42
80 to 84	\$26.29	\$37.36	\$43.74	\$60.83	\$26.29	\$37.36	\$43.74	\$60.83
85 to 89	\$31.46	\$37.90	\$52.06	\$62.24	\$31.46	\$37.90	\$52.06	\$62.24
90 to 94	\$31.46	\$37.90	\$52.06	\$62.24	\$31.46	\$37.90	\$52.06	\$62.24
95+	\$31.46	\$37.90	\$52.06	\$62.24	\$31.46	\$37.90	\$52.06	\$62.24

**Monthly Cost of Coverage — continued**

**Benefit Amount: \$10,000**

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$4.75	\$4.98	\$7.46	\$7.84	\$4.75	\$4.98	\$7.46	\$7.84
25 to 29	\$4.99	\$5.41	\$7.82	\$8.53	\$4.99	\$5.41	\$7.82	\$8.53
30 to 34	\$5.45	\$6.25	\$8.61	\$9.97	\$5.45	\$6.25	\$8.61	\$9.97
35 to 39	\$6.08	\$7.65	\$9.70	\$12.45	\$6.08	\$7.65	\$9.70	\$12.45
40 to 44	\$6.89	\$9.30	\$11.18	\$15.50	\$6.89	\$9.30	\$11.18	\$15.50
45 to 49	\$8.27	\$12.29	\$13.58	\$20.79	\$8.27	\$12.29	\$13.58	\$20.79
50 to 54	\$10.01	\$15.63	\$16.76	\$26.57	\$10.01	\$15.63	\$16.76	\$26.57
55 to 59	\$12.95	\$20.93	\$21.72	\$35.39	\$12.95	\$20.93	\$21.72	\$35.39
60 to 64	\$17.17	\$27.97	\$28.40	\$46.40	\$17.17	\$27.97	\$28.40	\$46.40
65 to 69	\$23.78	\$37.81	\$38.31	\$60.57	\$23.78	\$37.81	\$38.31	\$60.57
70 to 74	\$31.88	\$48.95	\$51.34	\$78.54	\$31.88	\$48.95	\$51.34	\$78.54
75 to 79	\$37.89	\$55.63	\$65.64	\$93.27	\$37.89	\$55.63	\$65.64	\$93.27
80 to 84	\$49.19	\$71.33	\$81.91	\$116.09	\$49.19	\$71.33	\$81.91	\$116.09
85 to 89	\$59.54	\$72.42	\$98.55	\$118.91	\$59.54	\$72.42	\$98.55	\$118.91
90 to 94	\$59.54	\$72.42	\$98.55	\$118.91	\$59.54	\$72.42	\$98.55	\$118.91
95+	\$59.54	\$72.42	\$98.55	\$118.91	\$59.54	\$72.42	\$98.55	\$118.91

**Benefit Amount: \$15,000**

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$5.43	\$5.77	\$8.41	\$8.98	\$5.43	\$5.77	\$8.41	\$8.98
25 to 29	\$5.79	\$6.42	\$8.95	\$10.02	\$5.79	\$6.42	\$8.95	\$10.02
30 to 34	\$6.48	\$7.68	\$10.14	\$12.18	\$6.48	\$7.68	\$10.14	\$12.18
35 to 39	\$7.42	\$9.78	\$11.77	\$15.90	\$7.42	\$9.78	\$11.77	\$15.90
40 to 44	\$8.64	\$12.25	\$13.99	\$20.47	\$8.64	\$12.25	\$13.99	\$20.47
45 to 49	\$10.71	\$16.74	\$17.59	\$28.41	\$10.71	\$16.74	\$17.59	\$28.41
50 to 54	\$13.32	\$21.75	\$22.36	\$37.08	\$13.32	\$21.75	\$22.36	\$37.08
55 to 59	\$17.73	\$29.70	\$29.80	\$50.31	\$17.73	\$29.70	\$29.80	\$50.31
60 to 64	\$24.06	\$40.26	\$39.82	\$66.82	\$24.06	\$40.26	\$39.82	\$66.82
65 to 69	\$33.97	\$55.02	\$54.69	\$88.08	\$33.97	\$55.02	\$54.69	\$88.08
70 to 74	\$46.12	\$71.73	\$74.23	\$115.03	\$46.12	\$71.73	\$74.23	\$115.03
75 to 79	\$55.14	\$81.75	\$95.68	\$137.13	\$55.14	\$81.75	\$95.68	\$137.13
80 to 84	\$72.09	\$105.30	\$120.09	\$171.36	\$72.09	\$105.30	\$120.09	\$171.36
85 to 89	\$87.61	\$106.93	\$145.05	\$175.59	\$87.61	\$106.93	\$145.05	\$175.59
90 to 94	\$87.61	\$106.93	\$145.05	\$175.59	\$87.61	\$106.93	\$145.05	\$175.59
95+	\$87.61	\$106.93	\$145.05	\$175.59	\$87.61	\$106.93	\$145.05	\$175.59

## Monthly Cost of Coverage — continued

### Benefit Amount: \$20,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$6.11	\$6.57	\$9.36	\$10.12	\$6.11	\$6.57	\$9.36	\$10.12
25 to 29	\$6.59	\$7.43	\$10.08	\$11.50	\$6.59	\$7.43	\$10.08	\$11.50
30 to 34	\$7.51	\$9.11	\$11.66	\$14.38	\$7.51	\$9.11	\$11.66	\$14.38
35 to 39	\$8.77	\$11.91	\$13.84	\$19.34	\$8.77	\$11.91	\$13.84	\$19.34
40 to 44	\$10.39	\$15.21	\$16.80	\$25.44	\$10.39	\$15.21	\$16.80	\$25.44
45 to 49	\$13.15	\$21.19	\$21.60	\$36.02	\$13.15	\$21.19	\$21.60	\$36.02
50 to 54	\$16.63	\$27.87	\$27.96	\$47.58	\$16.63	\$27.87	\$27.96	\$47.58
55 to 59	\$22.51	\$38.47	\$37.88	\$65.22	\$22.51	\$38.47	\$37.88	\$65.22
60 to 64	\$30.95	\$52.55	\$51.24	\$87.24	\$30.95	\$52.55	\$51.24	\$87.24
65 to 69	\$44.17	\$72.23	\$71.06	\$115.58	\$44.17	\$72.23	\$71.06	\$115.58
70 to 74	\$60.37	\$94.51	\$97.12	\$151.52	\$60.37	\$94.51	\$97.12	\$151.52
75 to 79	\$72.39	\$107.87	\$125.72	\$180.98	\$72.39	\$107.87	\$125.72	\$180.98
80 to 84	\$94.99	\$139.27	\$158.26	\$226.62	\$94.99	\$139.27	\$158.26	\$226.62
85 to 89	\$115.69	\$141.45	\$191.54	\$232.26	\$115.69	\$141.45	\$191.54	\$232.26
90 to 94	\$115.69	\$141.45	\$191.54	\$232.26	\$115.69	\$141.45	\$191.54	\$232.26
95+	\$115.69	\$141.45	\$191.54	\$232.26	\$115.69	\$141.45	\$191.54	\$232.26

### Benefit Amount: \$30,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$7.47	\$8.16	\$11.26	\$12.40	\$7.47	\$8.16	\$11.26	\$12.40
25 to 29	\$8.19	\$9.45	\$12.34	\$14.47	\$8.19	\$9.45	\$12.34	\$14.47
30 to 34	\$9.57	\$11.97	\$14.71	\$18.79	\$9.57	\$11.97	\$14.71	\$18.79
35 to 39	\$11.46	\$16.17	\$17.98	\$26.23	\$11.46	\$16.17	\$17.98	\$26.23
40 to 44	\$13.89	\$21.12	\$22.42	\$35.38	\$13.89	\$21.12	\$22.42	\$35.38
45 to 49	\$18.03	\$30.09	\$29.62	\$51.25	\$18.03	\$30.09	\$29.62	\$51.25
50 to 54	\$23.25	\$40.11	\$39.16	\$68.59	\$23.25	\$40.11	\$39.16	\$68.59
55 to 59	\$32.07	\$56.01	\$54.04	\$95.05	\$32.07	\$56.01	\$54.04	\$95.05
60 to 64	\$44.73	\$77.13	\$74.08	\$128.08	\$44.73	\$77.13	\$74.08	\$128.08
65 to 69	\$64.56	\$106.65	\$103.81	\$170.59	\$64.56	\$106.65	\$103.81	\$170.59
70 to 74	\$88.86	\$140.07	\$142.90	\$224.50	\$88.86	\$140.07	\$142.90	\$224.50
75 to 79	\$106.89	\$160.11	\$185.80	\$268.69	\$106.89	\$160.11	\$185.80	\$268.69
80 to 84	\$140.79	\$207.21	\$234.61	\$337.15	\$140.79	\$207.21	\$234.61	\$337.15
85 to 89	\$171.84	\$210.48	\$284.53	\$345.61	\$171.84	\$210.48	\$284.53	\$345.61
90 to 94	\$171.84	\$210.48	\$284.53	\$345.61	\$171.84	\$210.48	\$284.53	\$345.61
95+	\$171.84	\$210.48	\$284.53	\$345.61	\$171.84	\$210.48	\$284.53	\$345.61

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

Premiums on coverage you first elect will be based on your age as of the first effective date of coverage and will not increase. Thereafter, premium rates may change if coverage is later increased or decreased. When increases occur, premiums on the increased amount only will be based on Your age of the effective date of such increase. Premiums for existing coverage amounts will continue to be based on your age as of the first effective date of that coverage. In addition, should rates increase for all individuals, your established age for premium purposes will remain unchanged while the rate for that age increases. If You continue coverage upon termination of employment with the employer, or when You are no longer eligible for coverage as an active employee premium rates will remain in effect at the age you were as of the effective dates of coverage with Us when active service or eligibility ends.

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

### 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 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 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:

**Exclusions:** In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss that is caused directly or indirectly, in whole or in part by any of the following: • intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a Covered Loss 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) • a diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

## Specific Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied.

Only one Initial Benefit will be paid for each Covered Condition per person and benefits will be subject to separation periods and Maximum Lifetime Limits.

**Heart Attack**, includes the following that confirms permanent loss of heart muscle function: 1) EKG changes; 2) elevation of cardia enzyme.

**Stroke**, cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging studies or with neurological deficits lasting 96 hours or more. Excludes transient ischemic attack (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system.

**Coronary Artery Disease**, heart disease/angina requiring coronary artery bypass surgery, as prescribed by a Physician. Excludes angioplasty (percutaneous coronary intervention) and stent implantation.

**Advanced Alzheimer's Disease**, progressive degenerative disorder that attacks the brain's nerve cells resulting in the inability to perform 3 or more of the Activities of Daily Living.

**Amyotrophic Lateral Sclerosis (ALS aka Lou Gehrig's Disease)**, motor neuron disease resulting in muscular weakness and atrophy.

**Parkinson's Disease**, progressive, degenerative neurologic disease with indicated signs of the disease.

**Multiple Sclerosis**, disease involving damage to brain and spinal cord cells with signs of motor or sensory deficits confirmed by MRI.

**Cerebral Palsy**, brain injury or abnormality occurring within 24 hours of birth resulting in developmental brain disorder.

**Cystic Fibrosis**, progressive disorder that affects exocrine glands.

**Muscular Dystrophy**, progressive disorder that interferes with formation of healthy muscles.

**Poliomyelitis**, acute, infectious disease caused by the poliovirus with indicated signs of the disease. Excludes non-paralytic polio or post-polio syndrome.

**Benign Brain Tumor**, non-cancerous abnormal cells in the brain.

**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. May require loss be due to specific illness.

**Coma**, unconscious state lasting at least 96 continuous hours. Excludes any state of unconsciousness intentionally or medically induced from unconsciousness intentionally which the Covered Person is able to be aroused.

**End-Stage Renal (Kidney) Disease**, chronic, irreversible function of both kidneys. Requires hemo or peritoneal dialysis.

**Major Organ Failure**, includes: liver, lung, pancreas, kidney, heart or bone marrow. Happens when transplant is prescribed or recommended and placed on UNOS registry. If the Covered Person has a combination transplant (i.e. heart and lung), a single benefit amount will be payable. Recurrence Benefit not payable for same organ for which a benefit was previously paid.

**Paralysis**, complete, permanent loss of use of two or more limbs due to a disease. Excludes loss due to Stroke, Multiple Sclerosis and Cerebral Palsy.

### **Guaranteed Issue:**

If you are a new hire you are not required to provide evidence 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 evidence 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. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

### **\*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. Additional information is available from your Benefit Services Representative. Spouse definition includes civil union for employees residing in 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. **Exclusions** may vary for residents of ID, MN, NC, SC, SD, VT 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 2.0/2.1**

Terms and conditions of coverage for Critical Illness Insurance are set forth in Group Policy No. CI 960776. 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-02-1000. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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