Insured by Cigna Health and Life Insurance Company

Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: Taylor Morrison
Plan Effective Date: 1/1/2027

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:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse and Dependent Children who are United States citizens or permanent resident aliens or Spouse or Dependent Child Inpats and who are legally residing in the United States.
You will be eligible for coverage the first of the month following one complete calendar month of service.
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, are automatically enrolled 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.
For the Recurrence benefit to be available, the Covered Person must be treatment free and a Physician has determined that there is no evidence of active disease.

	Benefit Amount	Guaranteed Issue Amount
Employee	$10,000, $20,000, $30,000	Up to $30,000
Spouse	50% of employee amount	Up to $15,000
Children	50% of employee amount, including Childhood Conditions.	All guaranteed issue

See “Guaranteed Issue” section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	$1,000 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	50%	50%
Aortic & Cerebral Aneurysm	50%	50%
Sudden Cardiac Arrest	25%	Not Available
Transient Ischemic Attack	25%	Not Available

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Nervous System Conditions		
Advanced Stage Alzheimer's Disease	100%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	100%	Not Available
Parkinson's Disease	100%	Not Available
Multiple Sclerosis	25%	Not Available
Huntington's Disease	25%	Not Available
Myasthenia Gravis	25%	Not Available
Infectious Conditions		
Bacterial Meningitis	25%	25%
Malaria	25%	25%
Tuberculosis	25%	25%
Necrotizing Fasciitis	25%	25%
Osteomyelitis	25%	25%
Severe Sepsis	25%	25%
Childhood Conditions*		
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	Not Available
Muscular Dystrophy	100%	Not Available
Poliomyelitis	100%	Not Available
Sickle Cell Anemia	100%	Not Available
Heart Wall Malformation	100%	Not Available
Other Specified Conditions		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	100%	100%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%
Loss of Hearing	100%	Not Available
Loss of Speech	100%	Not Available
Systemic Lupus	25%	Not Available
Systemic Sclerosis	25%	Not Available
Occupational Conditions		
Occupational Hepatitis-B	25%	25%
Occupational Hepatitis-C	25%	25%
Occupational HIV*	25%	Not Available
Occupational Ebola	25%	25%

For Childhood Conditions please refer to the beginning of the Available Coverage section above for details on how much coverage is available for covered children.

Wellness Treatment, Health Screening Test and Preventive Care Benefit*	Benefit Amount
The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. *Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.*	$50 1 per year

Benefits	
Initial Critical Illness Benefit	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.
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid.
Skin Cancer Benefit	Pays benefit stated above.

Additional Benefits

Hospital Indemnity - Pandemic Infectious Disease Admission Only Benefit* Pays when a Covered Person is confined to a hospital due to any Pandemic Infectious Disease (PID) hospitalization, including COVID-19.	Hospital PID Admission: $3000 per admission (Limited to 1 days, 1 benefit every 12 months)
Hospital Indemnity – Musculoskeletal, Endocrine, Heart and Vascular or Respiratory Hospitalization Admission Only Benefit* Pays when a Covered Person is confined to a hospital due to any covered Musculoskeletal Condition: Cervicalgia (neck pain), intervertebral disc disorders, gout, lumbago (back pain), osteoarthritis, rheumatoid arthritis, scoliosis, spinal stenosis, spondyloarthropathy (spinal arthritis), or spondylopathy (vertebral spine disease); Endocrine Condition (Addison's disease, Cushing disease or syndrome, central diabetes insipidus, diabetes mellitus (type 1, type 2), gestational diabetes, hyperthyroidism, hypothyroidism or polycystic ovarian syndrome); Heart and Vascular Condition (arrhythmias (irregular heartbeat), primary cardiomyopathy (non-ischemic), peripheral vascular disease, or valvular heart disease (e.g., aortic stenosis, aortic regurgitation, etc.); or Respiratory Condition (asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or emphysema).	Hospital Admission: $3000 per admission (Limited to 1 day, 1 benefit every 12 months) The Spouse and Child benefit is 50% respectively, of the benefit.

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 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens, Permanent Resident Aliens and non-United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

Employee's Bi-Weekly Cost of Coverage:

Benefit Amount: $10,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<25	$1.26	$2.10	$1.26	$2.10
25 to 29	$1.29	$2.20	$1.29	$2.20
30 to 34	$1.55	$2.61	$1.55	$2.61
35 to 39	$2.29	$3.78	$2.29	$3.78
40 to 44	$3.44	$5.56	$3.44	$5.56
45 to 49	$4.58	$7.36	$4.58	$7.36
50 to 54	$6.00	$9.48	$6.00	$9.48
55 to 59	$7.06	$10.99	$7.06	$10.99
60 to 64	$8.07	$12.80	$8.07	$12.80
65 to 69	$8.96	$13.88	$8.96	$13.88
70 to 74	$13.48	$20.93	$13.48	$20.93
75 to 79	$13.48	$20.93	$13.48	$20.93
80 to 84	$13.48	$20.93	$13.48	$20.93
85 to 89	$13.48	$20.93	$13.48	$20.93
90 to 94	$13.48	$20.93	$13.48	$20.93
95+	$13.48	$20.93	$13.48	$20.93

Benefit Amount: $20,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<25	$2.26	$3.73	$2.26	$3.73
25 to 29	$2.33	$3.94	$2.33	$3.94
30 to 34	$2.85	$4.76	$2.85	$4.76
35 to 39	$4.31	$7.09	$4.31	$7.09
40 to 44	$6.62	$10.66	$6.62	$10.66
45 to 49	$8.89	$14.25	$8.89	$14.25
50 to 54	$11.74	$18.48	$11.74	$18.48
55 to 59	$13.86	$21.51	$13.86	$21.51
60 to 64	$15.88	$25.13	$15.88	$25.13
65 to 69	$17.65	$27.29	$17.65	$27.29
70 to 74	$26.71	$41.40	$26.71	$41.40
75 to 79	$26.71	$41.40	$26.71	$41.40
80 to 84	$26.71	$41.40	$26.71	$41.40
85 to 89	$26.71	$41.40	$26.71	$41.40
90 to 94	$26.71	$41.40	$26.71	$41.40
95+	$26.71	$41.40	$26.71	$41.40

Benefit Amount: $30,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<25	$3.27	$5.37	$3.27	$5.37
25 to 29	$3.36	$5.67	$3.36	$5.67
30 to 34	$4.14	$6.90	$4.14	$6.90
35 to 39	$6.34	$10.41	$6.34	$10.41
40 to 44	$9.80	$15.75	$9.80	$15.75
45 to 49	$13.21	$21.14	$13.21	$21.14
50 to 54	$17.49	$27.49	$17.49	$27.49
55 to 59	$20.66	$32.04	$20.66	$32.04
60 to 64	$23.69	$37.46	$23.69	$37.46
65 to 69	$26.35	$40.70	$26.35	$40.70
70 to 74	$39.93	$61.86	$39.93	$61.86
75 to 79	$39.93	$61.86	$39.93	$61.86
80 to 84	$39.93	$61.86	$39.93	$61.86
85 to 89	$39.93	$61.86	$39.93	$61.86
90 to 94	$39.93	$61.86	$39.93	$61.86
95+	$39.93	$61.86	$39.93	$61.86

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 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 other 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 Definitions, 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.
Skin Cancer, basal cell/squamous cell carcinoma or certain forms of melanoma.
Invasive Cancer, uncontrolled/abnormal growth or spread of invasive malignant cells. Excludes pre-malignant conditions or conditions with malignant potential.
Carcinoma in Situ, non-invasive malignant tumor. Excludes premalignant conditions or conditions with malignant potential, skin cancers, invasive cancer (basal/squamous cell carcinoma or melanoma/melanoma in situ).
Heart Attack, excludes Sudden Cardiac Arrest, takotsubo syndrome, congestive heart failure, and myocarditis.

Specific Definitions, Benefit Exclusions and Limitations:

Stroke, 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 resulting in a blockage that restricts blood flow to the heart.
Aortic and Cerebral Aneurysm, expansion of blood vessel(s), which if not treated, can rupture. Excludes surgical repair of complications resulting from prior repair for an aneurysm.
Sudden Cardiac Arrest, Sudden loss of functional heart activity due to an ineffective heart rhythm (arrhythmia) leading to hypotension and loss of consciousness. Excludes heart attack or a cardiac arrest death that results from causes other than from a primary arrhythmia.
Advanced Stage Alzheimer's Disease, progressive degenerative disorder that attacks the brain's nerve cells resulting in cognitive deficits interfering with independence in completion of instrumental activities of daily living and may also require the inability to perform at least 2 physical 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 and sensory deficits confirmed by MRI. Includes Neuromyelitis Optica and Transverse Myelitis.
Huntington's Disease, progressive disorder causing breakdown of the nerve cells in the brain leading 1) Chorea; or 2) two of the following: involuntary/impaired movement, cognitive or psychiatric disorders.
Myasthenia Gravis, autoimmune, neuromuscular disease causing loss of muscle control.
Bacterial Meningitis, bacterial infection in the brain and spinal cord. Excludes viral (aseptic) meningitis.
Malaria, parasitic (mosquito-borne) disease resulting in infection. Excludes infection by the P. malaria, P. vivax, P. ovale.
Tuberculosis, airborne infectious disease with indicated signs of the disease. Excludes latent or inactive Tuberculosis.
Necrotizing Fasciitis (aka flesh-eating disease), bacterial infection in skin layers and tissue.
Osteomyelitis, chronic bacterial infection that deteriorates bone/bone marrow.
Severe Sepsis, Infection that spreads into the blood which results in organ dysfunction and low blood pressure. Excludes relapse of the underlying bacterial infection causing the Severe Sepsis. Must be treatment free for Invasive Cancer and Carcinoma in Situ and have an inpatient admission, and for recurrence benefits to be payable, discharged from inpatient admission stay for which the Initial Benefit was paid.
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.
Sickle Cell Anemia, Blood disorder which produces distorted (sickled) red blood cells. Excludes the sickle cell trait.
Heart Wall Malformation, A congenital malformation of the heart for which a physician has prescribed surgery or catheter based treatment within 1 year of birth.
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. May require loss be due to specific illness.
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 and Multiple Sclerosis. May require loss be due to specific illness.
Loss of Hearing, permanent hearing loss in both ears; loss greater than 90dB HL. May require loss be due to specific illness.
Loss of Speech, permanent loss of speech which is irrecoverable by other means excludes loss due to specified conditions (i.e. Alzheimer's). May require loss be due to specific illness.
Systemic Lupus, chronic, inflammatory, auto-immune disease with indicated signs of the disease.
Systemic Sclerosis, chronic, degenerative, auto-immune disease with indicated signs of the disease.
No Evidence of Disease, for cancer means recommended treatment has been completed and a physician through a round of bloodwork or special imaging studies confirms there is no evidence of active primary malignant disease. For Heart Attack and Stroke means person discharged from the hospital. For Aortic and Cerebral Aneurysm means the natural aorta or cerebral vessel was repaired.

Specific Definitions, Benefit Exclusions and Limitations:

Occupational Conditions, Diagnosis of infection resulting from accidental contact to contaminated body fluids. 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.

***Benefits-Specific Conditions, Exclusions and Limitations (Additional Benefits):

Hospital Indemnity: The Common Exclusions apply to this Additional Benefit. In addition, the following applies:
Hospital Pandemic Infectious Disease Admission: Must be admitted inpatient due to a Pandemic Infectious Disease. Excludes: treatment in an emergency room, provided on an outpatient basis.
Hospital Musculoskeletal, Endocrine, Heart and Vascular or Respiratory Hospitalization Admission: Must be admitted inpatient due to a Musculoskeletal, Endocrine, Heart and Vascular or Respiratory Condition. Excludes: treatment in an emergency room, provided on an outpatient basis. Hospital Musculoskeletal Condition not available to residents of AK, ID, NM, OR, WA.

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. 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. Spouse definition includes civil union partners in New Hampshire and Vermont but excludes civil union partners for Idaho residents. **Covered Critical Illnesses and Events,** Occupational HIV not covered for residents of CA. **Covered Critical Illnesses and Events,** Occupational HIV not covered for residents of CA. Heart Attack benefits available for residents of AK. Not all shown covered conditions may be available and the **Specific Definitions, Benefit Exclusions and Limitations** for some of the conditions may vary for residents of ID, MD, MO, NH, OR, RI, UT, WA, WV. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. Portability conditions may differ for residents of UT, TX and VT. **Exclusions** may vary for residents of ID, LA, MN, NC, NH, SC, SD, VT, TX and WA. **Wellness Treatment and Preventive Care Benefit** is referred to as Health Screening Test or Preventive Care Benefit in WA and Wellness Treatment and Health Screening Test Benefit Rider in OR. Healthy Living Preventive Care Benefits may not be available to NC residents. Wellness Treatment, Health Screening Test or Preventive Care Benefit dental and ophthalmological exam benefits are not available to residents of NH and WA. **Hospital Chronic Admission Only** benefits are not available to residents of ID. Covid-19 Test and Screening benefits are not available to residents of NH. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment and deferring due to disability or ADLS only applies to the Spouse. For residents of ID, NH, WA the effective date won't be deferred due to ability to perform ADLs.

Series 1.0

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI113384. 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.

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. .

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, contact a Cigna Healthcare representative. Accidental Injury, Critical Illness, and Hospital Care plans or insurance policies are distributed exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna Healthcare names, logos, and marks are owned by Cigna Intellectual Property, Inc. .

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