Insured by Cigna Health and Life Insurance Company

Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: LSEG
Plan Effective Date: 01/01/2027

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 20 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, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens or Spouse, Domestic Partner, or Civil Union Partner or Dependent Child Inpats and who are legally residing in the United States.

You will be eligible for coverage immediately.

Your Spouse/Domestic Partner: 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	All guaranteed issue

See “Guaranteed Issue” section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	$1,000 1x per lifetime
Second Opinion Cancer	$500 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	25%	25%
Nervous System Conditions		
Parkinson's Disease	25%	Not Available
Other Specified Conditions		
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%

Health Screening Test Benefit	Benefit Amount
Examples includes (but are not limited to) mammography, and certain blood tests. The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. *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 and Second Opinion	Pays benefit stated above.

Additional Benefits

Hospital Indemnity* - Behavioral Health Hospitalization Admission Only Benefit: Pays when a Covered Person is confined to a hospital due to covered Behavioral Health Condition.	Behavioral Health Admission: $3000 per admission (Limited to 1 benefit every 12 months) The Spouse and Child benefit is 50% respectively, of the benefit.
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

	Employee		Employee + Spouse		Employee + Children		Employee + Family	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	$0.84	$1.07	$1.41	$1.73	$0.84	$1.07	$1.41	$1.73
25 to 29	$0.97	$1.27	$1.59	$2.04	$0.97	$1.27	$1.59	$2.04
30 to 34	$1.20	$1.67	$1.95	$2.64	$1.20	$1.67	$1.95	$2.64
35 to 39	$1.52	$2.20	$2.42	$3.44	$1.52	$2.20	$2.42	$3.44
40 to 44	$1.99	$3.01	$3.14	$4.64	$1.99	$3.01	$3.14	$4.64
45 to 49	$2.83	$4.41	$4.39	$6.75	$2.83	$4.41	$4.39	$6.75
50 to 54	$4.15	$6.65	$6.38	$10.11	$4.15	$6.65	$6.38	$10.11
55 to 59	$6.20	$10.10	$9.46	$15.29	$6.20	$10.10	$9.46	$15.29
60 to 64	$9.21	$15.16	$13.97	$22.89	$9.21	$15.16	$13.97	$22.89
65 to 69	$13.04	$21.62	$19.72	$32.58	$13.04	$21.62	$19.72	$32.58
70 to 74	$17.55	$29.22	$26.48	$43.98	$17.55	$29.22	$26.48	$43.98
75 to 79	$21.82	$36.41	$32.89	$54.76	$21.82	$36.41	$32.89	$54.76
80 to 84	$21.82	$36.41	$32.89	$54.76	$21.82	$36.41	$32.89	$54.76
85 to 89	$21.82	$36.41	$32.89	$54.76	$21.82	$36.41	$32.89	$54.76
90 to 94	$21.82	$36.41	$32.89	$54.76	$21.82	$36.41	$32.89	$54.76

	Employee		Employee + Spouse		Employee + Children		Employee + Family	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
95+	$21.82	$36.41	$32.89	$54.76	$21.82	$36.41	$32.89	$54.76

Benefit Amount: $20,000

	Employee		Employee + Spouse		Employee + Children		Employee + Family	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	$1.17	$1.62	$1.88	$2.52	$1.17	$1.62	$1.88	$2.52
25 to 29	$1.42	$2.03	$2.24	$3.14	$1.42	$2.03	$2.24	$3.14
30 to 34	$1.89	$2.83	$2.96	$4.33	$1.89	$2.83	$2.96	$4.33
35 to 39	$2.53	$3.89	$3.90	$5.93	$2.53	$3.89	$3.90	$5.93
40 to 44	$3.48	$5.51	$5.34	$8.35	$3.48	$5.51	$5.34	$8.35
45 to 49	$5.15	$8.31	$7.84	$12.56	$5.15	$8.31	$7.84	$12.56
50 to 54	$7.80	$12.78	$11.83	$19.28	$7.80	$12.78	$11.83	$19.28
55 to 59	$11.89	$19.69	$17.97	$29.63	$11.89	$19.69	$17.97	$29.63
60 to 64	$17.90	$29.81	$26.99	$44.84	$17.90	$29.81	$26.99	$44.84
65 to 69	$25.57	$42.73	$38.50	$64.22	$25.57	$42.73	$38.50	$64.22
70 to 74	$34.59	$57.93	$52.03	$87.01	$34.59	$57.93	$52.03	$87.01
75 to 79	$43.12	$72.31	$64.83	$108.58	$43.12	$72.31	$64.83	$108.58
80 to 84	$43.12	$72.31	$64.83	$108.58	$43.12	$72.31	$64.83	$108.58
85 to 89	$43.12	$72.31	$64.83	$108.58	$43.12	$72.31	$64.83	$108.58
90 to 94	$43.12	$72.31	$64.83	$108.58	$43.12	$72.31	$64.83	$108.58
95+	$43.12	$72.31	$64.83	$108.58	$43.12	$72.31	$64.83	$108.58

Benefit Amount: $30,000

	Employee		Employee + Spouse		Employee + Children		Employee + Family	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	$1.50	$2.17	$2.36	$3.31	$1.50	$2.17	$2.36	$3.31
25 to 29	$1.87	$2.78	$2.90	$4.24	$1.87	$2.78	$2.90	$4.24
30 to 34	$2.58	$3.99	$3.96	$6.02	$2.58	$3.99	$3.96	$6.02
35 to 39	$3.53	$5.58	$5.37	$8.42	$3.53	$5.58	$5.37	$8.42
40 to 44	$4.96	$8.00	$7.53	$12.05	$4.96	$8.00	$7.53	$12.05
45 to 49	$7.46	$12.21	$11.29	$18.36	$7.46	$12.21	$11.29	$18.36
50 to 54	$11.44	$18.91	$17.27	$28.44	$11.44	$18.91	$17.27	$28.44
55 to 59	$17.59	$29.29	$26.49	$43.98	$17.59	$29.29	$26.49	$43.98
60 to 64	$26.60	$44.46	$40.02	$66.78	$26.60	$44.46	$40.02	$66.78
65 to 69	$38.11	$63.85	$57.28	$95.86	$38.11	$63.85	$57.28	$95.86
70 to 74	$51.63	$86.64	$77.57	$130.04	$51.63	$86.64	$77.57	$130.04
75 to 79	$64.43	$108.21	$96.77	$162.40	$64.43	$108.21	$96.77	$162.40
80 to 84	$64.43	$108.21	$96.77	$162.40	$64.43	$108.21	$96.77	$162.40
85 to 89	$64.43	$108.21	$96.77	$162.40	$64.43	$108.21	$96.77	$162.40
90 to 94	$64.43	$108.21	$96.77	$162.40	$64.43	$108.21	$96.77	$162.40
95+	$64.43	$108.21	$96.77	$162.40	$64.43	$108.21	$96.77	$162.40

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.

Second Opinion, only payable if diagnosed with Invasive Cancer, seeking second opinion at a National Cancer Institute, National Comprehensive Cancer Network, or named cancer center as specified in the contract, not involved in initial diagnosis within 90 days of being diagnosed.

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.

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.

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

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.

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.

Behavioral Health Condition: Any of the following mental disorders as recognized in the newest edition of the Diagnostic and Statistical Manual of Mental Disorders – major depressive disorder, bipolar disorder, obsessive compulsive disorder, post-traumatic stress disorder, schizoaffective disorder, schizophrenia or substance use disorder conditions.

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

Hospital Indemnity: The Common Exclusions apply to this Additional Benefit. In addition, the following applies:
Hospital Behavioral Health Condition Admission: Must be admitted inpatient due to a Behavioral Health Condition. Excludes: treatment in an emergency room or 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**

Spouse definition includes civil union partners in New Hampshire and Vermont but excludes civil union partners for Idaho residents. 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.

***State Variations**

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. **Hospital Behavioral Health Condition** not available to residents of AK, ID, NM, OR, WA.

Series 1.0

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI113315. 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. .

958324 © 2026 Cigna. Some content provided under license.