

FAQ's for New 1/1/19 Voluntary Benefits (AI/CI/HC)

People's United Bank

CRITICAL ILLNESS (CI) FAQ's:

I was diagnosed with a covered Critical Illness in the past; can I still enroll in the Critical Illness plan?

You may apply during your open enrollment period without having to disclose your past diagnosis via a medical questionnaire (evidence of insurability). There is no Pre Existing Condition Limitation to satisfy, so any Critical Illnesses (as defined above) that you are diagnosed with after 1/1/19 would be covered, as long as you meet the other policy requirements. However, one of those policy requirements is the 12 month Lookback Period, which specifically applies to a cancer diagnosis (see question/answer below). Claims are evaluated on an individual basis.

I was diagnosed with Cancer in the past; can I enroll in the Critical Illness plan?

You may apply during your open enrollment period without having to disclose your past diagnosis via a medical questionnaire (evidence of insurability). However, this Critical Illness plan has a Lookback Period of 12 months, which excludes the recurrence or metastasis of an original Cancer that was diagnosed or that you have undergone treatment for within 12 months of being re-diagnosed with cancer while under this coverage. This means that if you were re-diagnosed with cancer after the plan effective date of 1/1/19, your claim may be denied if Cigna finds that you were previously diagnosed with or were in active treatment for that cancer at some point in the 12 months leading up to the re-diagnosis. Claims are evaluated on an individual basis.

Pre-Existing Condition Limitation

There is no Pre-Existing Condition Limitation to satisfy. Therefore, if you are diagnosed with a Critical Illness (excluding cancer) after 1/1/19, Cigna will not take your medical records prior to 1/1/19 into consideration while evaluating your claim.

Cancer Lookback Period

For a cancer diagnosis that occurs after 1/1/19, you are subject to a 12 month (1 year) Lookback Period to confirm if you were diagnosed with or in active treatment for the cancer related to this new cancer diagnosis. This Critical Illness plan has a Lookback Period of 12 months, which excludes the recurrence or metastasis of an original Cancer that was diagnosed or that you have undergone treatment for within 12 months of being re-diagnosed with cancer while under this coverage. This means that if you were re-diagnosed with cancer after the plan effective date of 1/1/19, your claim may be denied if Cigna finds that you were previously diagnosed with or were in active treatment for that cancer at some point in the 12 months leading up to the re-diagnosis. Claims are evaluated on an individual basis.

How does the Recurrence Benefit work?

The additional benefit adds long-term value to your Critical Illness plan by paying you multiple times for one covered condition. It is an equal lump sum payment for the diagnosis of a second and same covered condition that has received a benefit payout from a previous diagnosis. A minimum of at least 12 months is required between the first and second diagnosis.

Lump Sum: \$10,000	Employee (100%)	Spouse/Partner (50%)	Child(ren) (25%)
1 st Diagnosis	\$10,000 (Heart Attack)	\$5,000 Available	\$2,500 Available
2 nd Diagnosis	\$10,000 (Heart Attack)	\$5,000 Available	\$2,500 Available
Maximum Plan Payout	No Lifetime Max, if qualified	No Lifetime Max, if qualified	No Lifetime Max, if qualified

How does the Health Screening Benefit work?

The additional benefit adds long-term value to your Critical Illness plan by paying a \$50 benefit for when a covered person undergoes or receives a covered Health Screening tests. This benefit pays out once per covered person, per covered year. There is a 30 day wait after the effective date of coverage before you are able to file your HSB claim.

ACCIDENTAL INJURY (AI) FAQ's:

What is considered a “covered” Accident?

A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:

1. occurs while the Covered Person is insured under this Policy;
2. Is not contributed to by disease, Sickness, mental or bodily infirmity;
3. Is not otherwise excluded under the terms of this Policy.

Is there a limit on the number of Accidents per year or per family member?

No; there is no limit to the number of accidents per year or per family member. However, there may be maximums on the number payments per accident. For example, there is a maximum of 10 treatments per Accident for Physical Therapy Visits. For a list of any benefit condition or benefit limitations, please see your complete benefit summary or policy.

If I'm on vacation and am injured outside of the United States will I be covered?

Yes; benefits under this plan are not limited to Covered Accidents within the United States. Eligibility and Standard exclusions still apply, listed out in your benefit summary or policy.

If I am injured at work, will I be covered?

Yes; benefits under this plan have 24 hour coverage, meaning even injuries that take place at work could potentially be payable.

How does the Wellness Benefit work?

The additional benefit adds long-term value to your Accidental Injury plan by paying a \$50 benefit for when a covered person undergoes or receives a covered Wellness Screenings, Health Screening Tests, or Preventative Care exams. This benefit pays out once per covered person, per covered year. There is a 30 day wait after the effective date of coverage before you are able to file your HSB claim.

HOSPITAL CARE (HC) FAQ's:

What benefits are payable under Hospital Care Plan?

- **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 readmission for the same Covered Injury or Covered Illness.
- **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 one 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 one 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 23 hours following the one-hour elimination period, 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 ICU Stay Benefit.

What is considered a "Hospital", for the benefits listed above?

A Hospital is defined as an institution that is licensed as a hospital pursuant to applicable law; and it is 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 (RN); 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, facility, or unit of a Hospital for:

- 1.) Rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care;
- 2.) The aged, drug addicts or alcoholics; or
- 3.) A facility primarily or solely providing psychiatric services to mentally ill patients.

Pre-Existing Condition Limitation & Cancer Lookback Period

There is no Pre-Existing Condition Limitation or Cancer Lookback Period to satisfy with the Hospital Care plan. Therefore, if you are hospitalized after 1/1/19, Cigna will not take your medical records prior to 1/1/19 into consideration while evaluating your claim.

I was diagnosed with Cancer in the past; can I enroll in the Hospital Care plan?

You may apply during your open enrollment period without having to disclose your past medical history via a medical questionnaire (evidence of insurability). Since there is no Pre-Existing Condition Limitation or Cancer Lookback Period, Cigna will not take your medical records prior to 1/1/19 into consideration while evaluating your claim, including for cancer. Any hospitalizations for Chemo, non-elective reconstructive surgery, complications, etc. would be considered for payment.

I am currently pregnant and will deliver my baby in 2019; can I enroll in the Hospital Care Plan?

You may apply during your open enrollment period without having to disclose your past medical history via a medical questionnaire (evidence of insurability). Since there is no Pre-Existing Condition Limitation, Cigna will not take your medical records prior to 1/1/19 into consideration while evaluating your claim, including for pregnancy. Therefore, your claim for the hospitalization of your birth would be considered for payment.

I am scheduled to have Knee Replacement Surgery in 2019; can I enroll in the Hospital Care plan?

You may apply during your open enrollment period without having to disclose your past medical history via a medical questionnaire (evidence of insurability). Since there is no Pre-Existing Condition Limitation or Cancer Lookback Period, Cigna will not take your medical records prior to 1/1/19 into consideration while evaluating your claim, including for scheduled surgeries. Therefore, if the surgery is non-elective or medically necessary, your claim for the hospitalization would be considered for payment.

How would the benefits work if I was admitted to the ICU, and then switched over to a regular room?

Assuming you meet all policy criteria, you would receive the one-time Hospital Admission benefit for your admission to the hospital. You would also receive the daily Hospital ICU Stay benefit for the days that you are in the ICU. When you switch to a regular room, you would start receiving the daily Hospital Stay benefit for the days that you are in a regular hospital room. You cannot receive both the ICU and the Hospital Stay benefit for the same day.

How would the benefits work if I was seen for Observation, and then later admitted to inpatient? What if I was seen for observation but released and never admitted?

Assuming you meet all policy criteria, you would receive the one-time Hospital Admission benefit for your admission to the hospital, as well as receive the daily Hospital Stay benefit. You would not receive the Observation benefit, since you were admitted inpatient. However, if you were observed for 23 hours in the hospital but then released (not admitted), you would receive the observation benefit.

How does the Wellness Benefit work?

The additional benefit adds long-term value to your Hospital Care plan by paying a \$50 benefit for when a covered person undergoes or receives a covered Wellness Screenings, Health Screening Tests, or Preventative Care exams. This benefit pays out once per covered person, per covered year. There is a 30 day wait after the effective date of coverage before you are able to file your Health Screening Benefit claim.