



**City of
Boulder**

PERSONALIZED BENEFITS GUIDE 2024



Accident Coverage

Critical Illness

Hospital Indemnity



SUPPLEMENTAL HEALTH BENEFITS

Get help with expenses health insurance doesn't cover!

Life doesn't announce surprises, and by signing up for these supplemental health benefits, you can help cover these expenses. It can provide you and your family with the coverage and additional financial protection you may need for expenses associated with an unplanned covered accident, illness or hospitalization. It can help you bounce back physically, emotionally, and financially.

Key Features to Consider:

- › **Cash Benefit paid directly to you: No copays, deductibles, coinsurance, or network requirements.**
- › **Use the money however you want: Pay for costs, such as medical copays and deductibles, travel to see a specialist, child care, help around the house, alternative treatments and more, it is up to you.**
- › **Cost effective. By signing up through your employer, you get coverage at a low group rate and coverage is guaranteed issue, regardless of your medical history. These plans are portable at the same costs and coverages.**

See The Value

Even with medical coverage you may still have out-of-pocket medical costs, such as deductibles, copay's and coinsurance, as well as indirect living expenses.

VIDEO



Accident Plan (W)



ACCIDENTAL INJURY INSURANCE

Pays a fixed cash benefit directly to you when you have a covered accident-related injury, like an ankle sprain or arm fracture.

Accidental Injury Benefit Example

Situation: Katie broke her leg from a bike accident.

- Katie's covered benefits:
- › Broken leg
 - › Doctor's office visit
 - › Diagnostic exam (x-ray)
 - › Physical therapy sessions
 - › Follow up appointment

Accidental Injury benefit paid directly to Katie: \$4,250

VIDEO



CI Plan (W)



CRITICAL ILLNESS INSURANCE

Pays a fixed, lump-sum, cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke.

Critical Illness Benefit Example

Situation: Jon had a heart attack while raking leaves.

- Jon's covered benefits:
- › Heart attack diagnosis

Critical Illness benefit paid directly to Jon: \$15,000

VIDEO



Hospital Plan (W)



HOSPITAL CARE INSURANCE

Pays a fixed cash benefit directly to you when you experience a covered hospital stay, for events like an in-patient procedure or childbirth.

Hospital Care Benefit Example

Situation: Michelle was hospitalized following a car accident.

- Michelle's covered benefits:
- › Hospital admission
 - › Hospital ICU stay
 - › Hospital stay

Hospital Care benefit paid directly to Michelle: \$2,250

Wellness Incentive Benefits

Your Supplemental Health plan(s) comes with a Wellness Incentive benefit. This benefit is paid to each covered person who completes at least one covered wellness visit or preventive care service.

Please note the above descriptions are only a brief summary and examples are provided for illustrative purposes only. Refer to your Personalized Benefits Guide for more details on your coverage, election options, and rates.



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Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. 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 the first of the month following date of hire (not coinciding with) working 20 hours per week.

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: This Accidental Injury plan provides 24 hour 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 terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Employee's Bi-Weekly Cost of Coverage:

Tier	Plan
Employee	\$ 6.34
Employee and spouse	\$ 9.29
Employee and child(ren)	\$11.01
Family	\$13.96

Cigna Group Accident

Wellness Treatment, Health Screening Test and Preventive Care		\$50
Emergency Care Treatment		\$200
Physician Office Visit		\$150
Diagnostic Exam		\$150
Ground / Water Ambulance		\$400
Air Ambulance		\$1,600
HOSPITALIZATION		
Hospital Admission		\$1,000
Hospital Stay (365 days)		\$300 per day
Intensive Care Unit Stay (30 days)		\$600 per day
FRACTURES		
	<u>Non-Surgical</u>	<u>Surgical</u>
Skull	\$4,500	\$9,000
Hip or Thigh	\$6,000	\$12,000
Vertebrae or Pelvis	\$5,400	\$10,800
Upper Arm	\$2,100	\$4,200
Shoulder or Collarbone	\$2,400	\$4,800
Leg	\$3,600	\$7,200
Ankle	\$3,000	\$6,000
Kneecap	\$3,000	\$6,000
Lower Arm	\$3,000	\$6,000
Foot	\$3,000	\$6,000
Hand or Wrist	\$3,000	\$6,000
Upper Jaw	\$2,100	\$4,200
Lower Jaw	\$2,400	\$4,800
Bones of Face or Nose	\$1,800	\$3,600
Vertebral Processes	\$1,200	\$2,400
Rib	\$480	\$960
More than 1 rib fracture pays 2 times the Benefit Amount		
Coccyx	\$480	\$960
Finger	\$480	\$960
More than 1 finger pays 2 times the Benefit Amount		
Toe	\$480	\$960
More than 1 toe fracture pays 2 times the Benefit Amount		
Sternum	\$1,500	\$3,000
Heel	\$100	\$200
Chip Fracture	25% of closed fracture benefit	N/A
Multiple Fractures	200% of the single fracture benefit for multiple fractures to the same bone	N/A
DISLOCATIONS		
	<u>Non-Surgical</u>	<u>Surgical</u>
Hip Joint	\$3,000	\$6,000
Knee Joint	\$2,000	\$4,000
Bones of Foot	\$1,000	\$2,000
Ankle	\$1,000	\$2,000
Wrist	\$800	\$1,600
Elbow	\$600	\$1,200
Shoulder	\$1,000	\$2,000
Hand	\$700	\$1,400
Collarbone	\$400	\$800
Lower Jaw	\$600	\$1,200
Finger or Toe	\$200	\$400
FOLLOW UP CARE – Virtual Care accepted		
Follow up Physician Office Visit (6 visits)		\$75
Follow up Physical Therapy Visits (10 Visits)		\$75

Cigna Group Accident

ENHANCED ACCIDENT BENEFITS

Small Burns	\$500
(2 nd or 3 rd degree – 20% or less of body)	
Large Burns	\$1,500
(2 nd degree – More than 20% of body)	
Large Burns	\$2,000
(3 rd degree – More than 20% of body)	
Skin-Graft Benefit (if burn benefit paid)	50% of the applicable benefit amount for small burns or large burns
Lacerations	
Small Lacerations	\$100
(<6 inches with 2+ sutures)	
Large Lacerations	\$600
(>6 inches with 2+ sutures)	
General Anesthesia Benefit	\$100
Medicine Benefit	\$10
Medical Supply Benefit	\$10
Abdominal or Thoracic Surgery	\$1,500
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Repair	\$600
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Exploratory	\$200
Ruptured Disc Surgery - Repair	\$800
Eye Injury Surgery	\$300
Eye Injury – Removal of Foreign Object	\$200
Emergency Dental – Extraction	\$75
More than 1 tooth pays 2 times the Benefit Amount	
Emergency Dental – Broken Tooth	\$200
More than 1 tooth pays 2 times the Benefit Amount	
Concussion	\$150
Coma	\$10,000
Diagnostic Advanced	\$250
Appliance (Durable Medical Equipment)	\$150
Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements	
Prosthesis (arm, leg, hand, foot, eye)	\$1,000
Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements	
Paralysis – Paraplegia (>30 days)	\$5,000
Paralysis – Quadriplegia (>30 days)	\$10,000
Blood, plasma, platelets	\$200
Transportation (100+ miles one-way)	\$400
This benefit is limited 1 time per Covered Accident. Treatment not available locally with required Hospital Stay.	
Family Lodging (100+ miles one-way)	\$150 per day
Limited to 30 days. This benefit is payable 1 times per Covered Accident. Treatment not available locally with required Hospital Stay.	
ACCIDENTAL DEATH BENEFITS	
Loss of Life Accidental Death	\$50,000
Automobile Accidental Death	\$50,000
Common Carrier Accidental Death	\$100,000
CATASTROPHIC DISMEMBERMENT LOSS BENEFITS	
Sight in Both Eyes	\$30,000
Both Hands or Arms	\$30,000
Both Feet or Legs	\$30,000
Speech and Hearing in Both Ears	\$30,000
Speech or Hearing in Both Ears	\$15,000
One Hand or Arm and One Foot or Leg	\$15,000
One Hand, Arm, Foot, Leg, or Sight in one Eye	\$15,000
DISMEMBERMENT BENEFIT	
Finger	\$2,000
Toe	\$2,000



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Employee-Paid
CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: City of Boulder

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 the first of the month following date of hire or Active Service.

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.

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

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	\$250 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%
Aortic & Cerebral Aneurysm	25%	25%
Advanced Heart Failure	25%	Not Available

Cigna Group Critical Illness

Benefits Overview - Lump Sum Benefit Amount That you Choose	Benefit Amount	Recurrence
Wellness Treatment, Health Screening Test and Preventive Care	\$50	Annually
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Skin Cancer	\$250 1x per lifetime	Not Available
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Aortic & Cerebral Aneurysm	25%	25%
Advanced Heart Failure	25%	Not Available
Nervous System Conditions		
Advanced Stage Alzheimer's Disease	25%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	100%	Not Available
Parkinson's Disease	25%	Not Available
Benign Brain Tumor	100%	100%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Blindness	100%	Not Available
Coma	100%	100%
Loss of Hearing	100%	Not Available
Loss of Speech	100%	Not Available
Paralysis	100%	100%

Employee's Bi-Weekly Cost of Coverage:

Employee								
Age Band	\$10,000		\$15,000		\$20,000		\$30,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.80	\$2.40	\$2.70	\$3.60	\$3.60	\$4.80	\$5.40	\$7.20
25 to 29	\$2.38	\$3.19	\$3.57	\$4.79	\$4.76	\$6.39	\$7.14	\$9.58
30 to 34	\$2.74	\$3.98	\$4.11	\$5.97	\$5.48	\$7.96	\$8.22	\$11.94
35 to 39	\$3.55	\$5.37	\$5.33	\$8.06	\$7.10	\$10.74	\$10.65	\$16.12
40 to 44	\$4.27	\$6.46	\$6.41	\$9.69	\$8.54	\$12.92	\$12.81	\$19.38
45 to 49	\$5.09	\$7.73	\$7.63	\$11.59	\$10.17	\$15.45	\$15.26	\$23.18
50 to 54	\$7.88	\$12.20	\$11.82	\$18.30	\$15.76	\$24.40	\$23.64	\$36.60
55 to 59	\$7.67	\$12.32	\$11.51	\$18.48	\$15.34	\$24.64	\$23.01	\$36.96
60 to 64	\$15.85	\$24.93	\$23.78	\$37.40	\$31.71	\$49.86	\$47.56	\$74.80
65 to 95+	\$28.08	\$42.72	\$42.13	\$64.09	\$56.17	\$85.45	\$84.25	\$128.17

Spouse								
Age Band	\$10,000		\$15,000		\$20,000		\$30,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.80	\$2.40	\$2.70	\$3.60	\$3.60	\$4.80	\$5.40	\$7.20
25 to 29	\$2.38	\$3.19	\$3.57	\$4.79	\$4.76	\$6.39	\$7.14	\$9.58
30 to 34	\$2.74	\$3.98	\$4.11	\$5.97	\$5.48	\$7.96	\$8.22	\$11.94
35 to 39	\$3.55	\$5.37	\$5.33	\$8.06	\$7.10	\$10.74	\$10.65	\$16.12
40 to 44	\$4.27	\$6.46	\$6.41	\$9.69	\$8.54	\$12.92	\$12.81	\$19.38
45 to 49	\$5.09	\$7.73	\$7.63	\$11.59	\$10.17	\$15.45	\$15.26	\$23.18
50 to 54	\$7.88	\$12.20	\$11.82	\$18.30	\$15.76	\$24.40	\$23.64	\$36.60
55 to 59	\$7.67	\$12.32	\$11.51	\$18.48	\$15.34	\$24.64	\$23.01	\$36.96
60 to 64	\$15.85	\$24.93	\$23.78	\$37.40	\$31.71	\$49.86	\$47.56	\$74.80
65 to 95+	\$28.08	\$42.72	\$42.13	\$64.09	\$56.17	\$85.45	\$84.25	\$128.17

Children
Child coverage at no additional cost.

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 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 completed enrollment form is received, or if evidence of insurability is required, the first of the month after we have approved you (writing, unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date 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.



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Employee-Paid

HOSPITAL CARE COVERAGE

SUMMARY OF BENEFITS

Prepared for: City of Boulder

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness 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 the first of the month following date of hire or Active Service.

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, 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.

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

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Hospitalization Benefits	Plan
Hospital Admission (Non-ICU and ICU) No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,000
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$50
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	\$150
Hospital Intensive Care Unit (ICU) Stay Day 1 (Additional ICU Admission + Per Day) Day 2 - 30 (Per Day) No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	\$1,300 one time \$300 per day
Hospital Observation Stay 24 hour Elimination Period. Limited to 72 hours.	\$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.	\$250
Additional Benefits	Plan
Wellness Treatment, Health Screening Test and Preventative Care Incentive Benefit* <i>Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</i>	\$50, limited to 1 per year.

Employee's Bi-Weekly Cost of Coverage:

Tier	Plan
Employee Only	\$ 8.03
Employee & Spouse	\$16.20
Employee & Child(ren)	\$12.91
Employee & Family	\$21.08



Affordable Legal Protection AT YOUR FINGERTIPS

**Shielding Over 4 Million People
With Our Legal Plans.**

LegalShield provides you and your family the legal protection you not only need but deserve.

The LegalShield plan provides benefits for the following*:

ESTATE PLANNING



- Codicils
- Living Wills
- Power of Attorney
- Trusts
- Wills

FAMILY



- Administrative Hearing
- Adoption
- Conservatorship
- Domestic Violence Protection
- Elder Care Assistance
- Guardianship
- Immigration Assistance
- Incompetency Defense
- Juvenile Court Defense
- Name Change
- Parental Responsibility
- Prenuptial Agreements
- School Hearings

FINANCIAL



- Affidavits
- Bankruptcy
- Civil Litigation
- Consumer Protection
- Debt Collection
- Identity Theft
- Medicaid/Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Small Claims Assistance
- Social Security Disputes
- Tax Audit Protection
- Veterans Benefits Disputes

AUTO



- Driver's License Restoration
- Motor Vehicle Property Damage
- Moving Traffic Violations
- Traffic Tickets

HOME



- Boundary/Title Disputes
- Contractor Disputes
- Deeds
- Foreclosure
- Home Equity Loans
- Landlord/Tenant Issues
- Mortgages
- Property Tax Assessments
- Purchase/Sale of Home (primary or secondary)
- Refinancing
- Zoning Applications

GENERAL

- 24/7 Emergency Legal Access
- Document Review
- Legal Forms
- Live Member Support
- Mobile App
- Office Consultation
- Telephone Advice



Affordable legal protection

For more information visit:

*Limitations may apply. This is a general overview of coverage. See a summary plan description for full details. The following items are not covered with any service, including advice and consultation: business or commercial matters; fines, court costs, filing fees, ad litem fees, penalties, expert witness fees, bonds, bail bonds and any out-of-pocket expense; matters or disputes between the participant and/or the employer, and/or Provider Attorney and/or LegalShield; any matter covered by any insurance policy; Native American legal issues; requested service that lacks merit, is frivolous or would violate any ethical rule or law; items related to patent, trademark, or copyright matters. Services outside the United States. For all other personal legal matters, advice and consultation is provided.

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal Casualty, Inc.; Pre-Paid Legal Access, Inc.; LS, Inc.; In VA: Legal Service Plans of Virginia; and PPL Legal Care of Canada Corporation.



Affordable Identity Theft Protection AT YOUR FINGERTIPS

Every year millions of people have their identity stolen.

IDShield provides the identity theft protection and identity restoration services you not only need but deserve.

The IDShield plan includes the following covered services:

MONITORED INFORMATION

- Bank Accounts
- Credit/Debit/Retail Cards
- Date of Birth
- Driver's License
- Email Addresses
- Home Address
- Medical ID
- Mother's Maiden Name
- Name
- Passport Number
- Phone Numbers
- Social Security Number
- And More



- Child monitoring (Family Plan Only)
- Internet and Dark Web Monitoring
- Online Chat Rooms and Social Feed Monitoring
- Payday Loan Monitoring
- Local, State and Federal Database Monitoring

ALERTS

- Hard Credit Inquiry Alerts
- Customizable Social Media Alerts
- Sex Offender Alerts
- Identity and Credit Threat Alerts



- Lost/Stolen Wallet Assistance

COMPREHENSIVE IDENTITY RESTORATION

- \$1 Million Protection Policy
- Full Service Restoration by Licensed Private Investigators
- Pre-Existing Identity Theft Restoration



MONITORING AND DETECTION

- High Risk Application Monitoring
- Public Record Monitoring
- Sex Offender Monitoring
- Telecom Monitoring
- Credit Monitoring
- Social Media Monitoring
- Court and Criminal Record Monitoring



UNLIMITED CONSULTATION

- Assistance in Analyzing and Interpreting Credit Reports
- Assistance in Reviewing Medical Data Reports
- Consultation on Common Trends and Scams
- Data Breach Safeguards
- Identity Theft Consultation



GENERAL

- 24/7 Emergency Assistance
- Direct Access to Licensed Private Investigators
- Live Member Support
- Mobile App
- Monthly Credit Score Tracker



Affordable identity theft protection

Employee:

Family:

Pay Period: Bi-Weekly

For more information visit:

Voluntary Benefits Contact Information

Carrier	Website / Email	Phone #
Cigna	www.cigna.com	800-997-1654
LegalShield	www.legalshield.com	800-654-7757
IDShield	www.idshield.com	800-654-7757
HUB International Voluntary Benefits Division: Claims Escalations	voluntaryclaims@hubinternational.com	

