



IT'S SMOOTH SAILING.*

In case it isn't, Cigna Supplemental Health insurance plans are here for you.

Life doesn't announce surprises. By signing up for Cigna's Accidental Injury, Critical Illness and Hospital Care insurance, you can supplement your health plan. 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. And that's a feeling we want for you every day.

HERE'S HOW IT WORKS

- › **Cash benefit paid directly to you.**¹ 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's up to you.
- › **Cost-effective coverage.** By signing up through your employer, you get coverage at a low group rate. Coverage is guaranteed-issue, regardless of medical history.
- › **Get it and forget it.** Your premium can be easily deducted from your paycheck. Plus, through Cigna's Simple File® feature, Auto compare² carefully reviews Cigna medical claims and automatically reminds you to submit your eligible Supplemental Health insurance claims.
- › **Take it with you.** You may be able to take your coverage with you if you leave your employer – benefits won't change if you port your coverage.³

PERSONALIZED RECOVERY SUPPORT FOR BODY AND MIND.

In addition to extra financial protection, Cigna Accidental Injury, Critical Illness and Hospital Care (indemnity) insurance delivers:

- › **Assistance to help you recover physically.**⁴ Tools and resources to find the right care at the right cost – plus discounts on recovery services.
- › **Additional services to help you recover emotionally.**⁴ Free expert legal and financial counseling, including money coaching.

*We really hope it is.

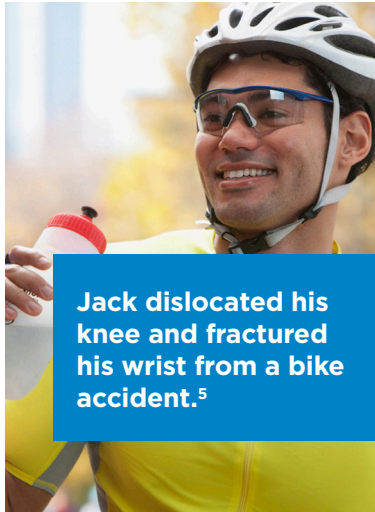
Together, all the way.®



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SEE THE VALUE

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



Jack dislocated his knee and fractured his wrist from a bike accident.⁵

Accidental Injury Benefit

• Doctor's office visit	\$100
• Diagnostic exam (X-ray)	\$50
• Dislocated knee	\$3,000
• Fractured wrist	\$800
• Follow-up appointment	\$75
• Five physical therapy sessions	\$250

Accidental Injury coverage paid:

\$4,275



Marco had a heart attack while raking leaves.⁵

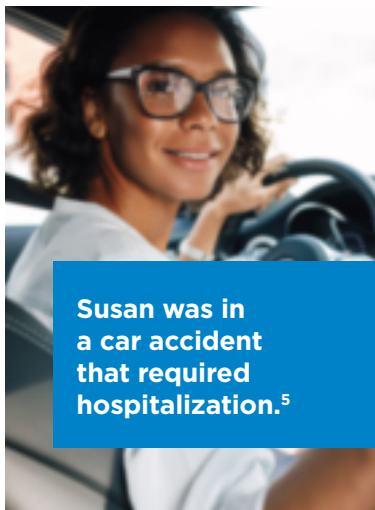
Critical Illness

Consider possible expenses that may occur as a result of a heart attack diagnosis

- Deductible, coinsurance and copays
- Transportation
- Room and board
- Daycare
- Alternative treatments

Critical Illness coverage paid:

\$10,000



Susan was in a car accident that required hospitalization.⁵

Hospital⁶ Care

• Hospital admission	\$1,000
• Hospital ICU stay (1 day)	\$200
• Hospital stay (3 days)	\$300

Hospital Care coverage paid:

\$1,500

EASY WAYS TO FILE A CLAIM

Choose the option that's easiest for you.



Phone: Call **800.754.3207** to speak with one of our dedicated customer service representatives.



Online: Visit **SuppHealthClaims.com**



Fax: Send documents to our fax line at **860.730.6460**



Email: Send scanned documents to **SuppHealthClaims@Cigna.com**



Mail: Send documents to:
Cigna Phoenix Claim Services
PO Box 55290
Phoenix, AZ 85078

WHAT'S NOT COVERED

The following is general information about the exclusions and limitations that may apply to the benefits described. This is not a complete list of policy terms and conditions. Your actual policy may vary by plan design and location. See your plan documents for more information, including state-mandated benefits.

Depending on your plan, benefits may not be paid for an illness or injury that existed prior to the effective date of coverage. Age-based reduction of benefits and benefit waiting periods may also apply.

Accidental Injury:

Benefits are only payable for covered injuries diagnosed and treated by a health care provider and resulting directly from a covered accident. Under most plans, treatment must begin within 90 days of the accident.

- **Physician office visit:** Limited to one benefit per accident. Excludes routine health examinations or immunizations, visits for behavioral or nervous disorders, or visits by a surgeon while confined to a hospital.
- **Diagnostic exam:** Limited to one benefit per accident.
- **Dislocation/fracture:** If there is more than one type of fracture or dislocation, only one benefit will be paid for each injury, whichever is greater.
- **Follow-up physician visit:** Limited to 10 visits per accident. Physician recommendation is required. All treatments must be completed within 365 days of the accident.
- **Physical therapy:** Limited to 10 visits per accident. Physician recommendation is required. All treatments must be completed within 365 days of the accident.

Benefits may not be paid for any loss that is the result of: Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; Commission or attempt to commit a felony or an assault; Declared or undeclared war or act of war; Active duty service in the military, naval or air force of any country or international organization; Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; Bungee jumping; parachuting; skydiving; parasailing; hang-gliding; Flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface (except as a fare-paying passenger on a regularly scheduled commercial airline); Services or treatment rendered by a health care professional who is: providing homeopathic, aroma-therapeutic or herbal therapeutic services; or Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof (except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food).

Critical Illness:

Benefits are only payable for a covered critical illness diagnosed by a physician. The benefit amounts payable per condition or per lifetime may be limited depending on plan design. A “heart attack” requires confirmation by diagnostic testing. Examples include EKG or elevation of biochemical/cardiac enzyme markers.

Benefits may not be paid for any loss that is the result of: 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; Active duty service in the military, naval or air force of any country or international organization (Reserve or National Guard active duty training extending beyond 31 days); Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; or A diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

Hospital Care Indemnity:

- **Hospital admission:** Benefits are payable once per day, limited to one day per admission. Covered person must be admitted as an inpatient to the hospital. Excludes treatment in an emergency room or provided on an outpatient basis, or for re-admission for the same covered injury or illness (including chronic conditions).
- **Hospital intensive care unit (ICU) stay and hospital stay:** Benefits are payable once per day, limited to 30 days and one benefit every 90 days. Stays within 90 days for the same/related injury or illness are considered one stay. Covered person must be admitted as an inpatient and confined to the hospital. If eligible for both benefits, only one benefit will be paid per day, whichever is greater.

Benefits may not be paid for any loss that is the result of: 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; Active duty service in the military, naval or air force of any country or international organization (Reserve or National Guard active duty training extending beyond 31 days); Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; Services deemed by the insurer as not being medically necessary; Elective or cosmetic surgery; Dental surgery, unless due to accidental injury; or Services or treatment rendered by a person employed or retained by the covered person, providing homeopathic, aromatherapeutic or herbal therapeutic services, living in covered person’s household, or who is a parent, sibling, spouse or child of the covered person.



1. Benefits may be paid directly to anyone you designate, such as a hospital, upon assignment.
2. The Simple File process is based on a one-time assessment of the initial claim documentation for the primary claim. Any subsequent events would not be identified and the customer will need to submit a claim for any supplemental health benefits.
3. Under most plans, coverage is portable and ends at age 100. Review your plan documents for details.
4. **These programs are NOT insurance and do not provide reimbursement for financial losses.** Some restrictions may apply. Programs are provided through third-party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law.
5. These are examples used for illustrative purposes only. Actual costs would vary. Actual coverage and benefit amounts will vary by policy design. Age-based reduction of benefits and benefit waiting periods may apply. Coverage is subject to all terms and conditions as specified in the group policy.
6. 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 or alcohol addiction; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

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 and group benefit plans may contain exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. Benefit waiting periods may apply. For costs and complete details of coverage, contact your Cigna representative.

Accidental injury, critical illness and hospital care plans or insurance policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation, are administered by Cigna Health and Life Insurance Company and are insured by Life Insurance Company of North America (“LINA”) (Philadelphia, PA), except in NY, where insured plans are offered by New York Life Group Insurance Company of NY (“NYLGCNY”) (New York, NY), formerly known as Cigna Life Insurance Company of New York. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. LINA and NYLGCNY are not affiliates of Cigna.