

CIGNA SUPPLEMENTAL HEALTH BENEFITS

Benefit Guide Template

All eligible employees will have the opportunity to enroll in Cigna's Supplemental Health plans. An unexpected illness or injury can disrupt every facet of your life, including your physical, emotional and financial well-being. Regular expenses, big and small, can add up. These voluntary benefits are designed to help strengthen your overall benefits package and provide additional protection for you and your family through **fixed benefits paid directly to YOU**.

Key Features to Consider:

- › **Flexible.** Use the money however you want. Pay for anything you need – medical deductibles, child care, groceries, etc.
- › **Supplement your medical plan.** Benefits are paid in addition to other coverage you may have.
- › **Cost effective.** Your premium is conveniently deducted from your paycheck at a low group rate.



ACCIDENTAL INJURY INSURANCE

Pays a fixed cash benefit directly to you¹ when you have a covered accident-related injury, like an ankle sprain or arm fracture.

Accidental Injury Benefit Example

Situation: Chloe broke her leg playing soccer.²

Chloe's covered benefits:

- › Doctor's office visit
- › Broken leg
- › Diagnostic exam (X-ray)
- › Physical therapy sessions

Accidental Injury benefit paid directly to Chloe: \$1,200



CRITICAL ILLNESS INSURANCE

Pays a fixed, lump-sum cash benefit directly to you¹ when you are diagnosed with a covered health condition, such as a heart attack or stroke.

Critical Illness Benefit Example

Situation: Marco had a heart attack while raking leaves.²

Marco's covered benefits:

- › Heart attack diagnosis

Critical Illness benefit paid directly to Marco: \$10,000



HOSPITAL CARE INSURANCE

Pays a fixed cash benefit directly to you¹ when you experience a covered hospital³ stay, for events like an in-patient procedure or childbirth.

Hospital Care Benefit Example

Situation: Susan was hospitalized² following a car accident.

Susan's covered benefits:

- › Hospital admission
- › Hospital ICU stay
- › Hospital stay

Hospital Care benefit paid directly to Susan: \$2,000

Wellness Incentive Benefits

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

If you are interested in enrolling, please indicate your elections during Open Enrollment.

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

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1. Benefits may be paid directly to anyone you designate, such as a hospital, upon assignment.
2. This is an example used for illustrative purposes only. Your plan's actual costs and benefit amounts may vary. Exclusions and limitations apply.
3. 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 addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

AI Exclusions and limitations:

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 and <one benefit per month>.
- **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 1 visit per accident, and one accident per month. Physician recommendation is required. All treatments must be completed within 365 days of the accident.
- **Physical therapy:** Limited to 1 visits per accident, and one accident per month. 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: (a) Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; (b) Commission or attempt to commit a felony or an assault; (c) Declared or undeclared war or act of war; (d) Active duty service in the military, naval or air force of any country or international organization; (e) Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; (f) Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant (may vary by location); (g) Bungee jumping; parachuting; skydiving; parasailing; hang-gliding; (h) 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); (i) Services or treatment rendered by a health care professional who is: providing homeopathic, aroma therapeutic or herbal therapeutic services; or (j) 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).

CI exclusions and limitations:

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: (a) Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; (b) Commission or attempt to commit a felony or an assault; (c) Declared or undeclared war or act of war; (d) 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); (e) Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; (f) Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant (may vary by location); or (g) A diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

HC exclusions and limitations:

- **Hospital admission:** Benefits are payable once per day, limited to one day per admission and one benefit every 365 days. Covered person must be admitted as an inpatient to the hospital. Excludes treatment in an emergency room or provided on an outpatient basis.
- **Hospital intensive care unit (ICU) stay and hospital stay:** Benefits are payable once per day, limited to 10 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: (a) Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; (b) Commission or attempt to commit a felony or an assault; (c) Declared or undeclared war or act of war; (d) 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); (e) Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; (f) Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant (may vary by location); (g) Services deemed by the insurer as not being medically necessary; (h) Elective or cosmetic surgery; (i) Dental surgery, unless due to accidental injury; (j) Services or treatment rendered by a person employed or retained by the covered person, providing homeopathic, aroma therapeutic or herbal therapeutic services, living in covered person's household, or who is a parent, sibling, spouse or child of the covered person; or (k) Depending on plan design, pregnancy, including childbirth, occurring within a specified period of time following the date coverage is effective (may not be applicable in all states).

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 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 either (i) Cigna Health and Life Insurance Company (Bloomfield, CT); (ii) Life Insurance Company of North America ("LINA") (Philadelphia, PA); or (iii) New York Life Group Insurance Company of NY

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