Cigna Supplemental Health benefits

Benefit guide template

You have the opportunity to enroll in Cigna HealthcareSM 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.

It's the coverage you didn't know you needed.

Key features to consider:

- Flexible. Use the money however you want. Pay for anything you need medical deductibles, child care, groceries, etc.
- · Supplement to 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.



Pays a fixed cash benefit directly to you¹ when you have a covered accidentrelated injury, such as 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

 $\textbf{Situation}: \textbf{M} \textbf{arco had a heart attack while raking leaves.}^{2}$

Marco's covered benefits:

· Heart attack diagnosis

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



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.



- 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.

Al 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 10 visits per accident and one accident per month. Physician recommendation is required. All treatments must be completed within 365 days of the accident. Follow-up physician office visit can include providers who are appropriately licensed professionals, including but not limited to those practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy and mental health treatment associated with Covered Accidents.
- Physical therapy: Limited to 10 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 thereat 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 (may vary by location); (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, aromatherapeutic 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 thereat 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 (may vary by location); (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.

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 Healthcare representative.

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