

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 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.



Hospital Care
insurance

Pays a fixed cash benefit directly to you¹ when you experience a covered hospital² stay for events such as an in-patient procedure or childbirth

Hospital Care benefit example

Situation: Susan was hospitalized³ following a car accident.

Susan's covered benefits:

- Hospital admission
- Hospital stay
- Hospital intensive care unit (ICU) stay

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

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options. To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

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.
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.

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 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: (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 (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) 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, aromatherapeutic 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 Healthcare representative.

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