

CIGNA ACCIDENTAL INJURY BENEFITS

Plan

Cigna Accidental Injury insurance can provide the coverage and additional financial protection employees and their families may need for expenses associated with an unexpected covered accident. With Cigna Accidental Injury insurance, a payment is made directly to you, and what you do with the money is up to you. There are no copays, deductibles, coinsurance or network requirements. Coverage continues after the first covered accident and helps provide additional financial protection for future covered accidents.

COVERAGE AND BENEFIT AMOUNTS

INITIAL CARE AND EMERGENCY CARE

Benefit Type	Plan
Emergency Care Treatment Limited to 1 per accident, 1 accident per month.	\$100
Physician Office Visit Limited to 1 per accident.	\$50
Diagnostic Exam (X-ray or lab) Limited to 1 per accident, 1 accident per month.	\$50
Ground/Water Ambulance (to nearest hospital)	\$100
Air Ambulance Limited 1 per accident, 1 accident per month.	\$300

HOSPITALIZATION

Benefit Type	Plan
Hospital Admission Limited to 1 per accident, 1 accident per month.	\$500
Hospital Stay Limited to 365 days, 1 stay per accident, 1 accident per month.	\$100 per day
Intensive Care Unit (ICU) Stay Limited to 365 days, 1 stay per accident, 1 accident per month.	\$200 per day

FRACTURES - LIMITED TO 1 PER ACCIDENT

Benefit Type	Plan	
	NonSurgical	Surgical
Skull	\$1,000	\$2,000
Hip or Thigh	\$1,000	\$2,000
Vertebrae or Pelvis	\$1,000	\$2,000
Upper Arm	\$500	\$1,000
Shoulder or Collarbone	\$500	\$1,000
Leg	\$500	\$1,000
Ankle	\$400	\$800
Kneecap	\$400	\$800

* Unless otherwise assigned.

Together, all the way.®



Insured by: Life Insurance Company of North America or Cigna Life Insurance Company of New York.

FRACTURES - LIMITED TO 1 PER ACCIDENT (continued)

Benefit Type	Plan	
	NonSurgical	Surgical
Lower Arm	\$400	\$800
Foot	\$400	\$800
Hand or Wrist	\$400	\$800
Upper Jaw	\$300	\$600
Lower Jaw	\$300	\$600
Bones of Face or Nose	\$300	\$600
Vertebral Processes	\$300	\$600
Rib More than 1 rib fracture pays 2 times the benefit	\$100	\$200
Coccyx	\$100	\$200
Finger More than 1 finger pays 2 times the benefit	\$50	\$100
Toe More than 1 toe fracture pays 2 times the benefit	\$50	\$100
Sternum	\$50	\$100
Heel	\$50	\$100
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 - LIMITED TO 1 PER ACCIDENT

Benefit Type	Plan	
	NonSurgical	Surgical
Hip Joint	\$1,000	\$2,000
Knee Joint	\$500	\$1,000
Bones of Foot	\$500	\$1,000
Ankle	\$500	\$1,000
Wrist	\$400	\$800
Elbow	\$300	\$600
Shoulder	\$200	\$400
Hand	\$200	\$400
Collarbone	\$200	\$400
Lower Jaw	\$200	\$400
Finger or Toe More than 1 pays 2 times the benefit	\$50	\$100

FOLLOW-UPCARE

Benefit Type	Plan
Follow-up Physician Office Visit Limited to 10 treatments per accident, 1 accident per month.	\$50
Follow-up Physical Therapy Visits Limited to 10 treatments per accident, 1 accident per month.	\$25

ENHANCED ACCIDENT BENEFITS - LIMITED TO 1 PER ACCIDENT UNLESS OTHERWISE INDICATED

Benefit Type	Plan
Small Burns (2nd or 3rd degree - 20% of less of body)	\$100
Large Burns (2nd degree - More than 20% of body)	\$300
Large Burns (3rd degree - More than 20% of body)	\$300
Skin graft Benefit (if burn benefit paid)	50% of the applicable benefit for Small Burns or Large Burns
Small Lacerations Limited to 2 (<6 inches with 2+ sutures)	\$50
Large Lacerations Limited to 2 (>6 inches with 2+ sutures)	\$100
General Anesthesia Benefit	\$100
Medicine Benefit	\$5
Medical Supply Benefit	\$5
Abdominal or Thoracic Surgery	\$1,000
Tendon, Ligament, Rotator Cuff or Knee Surgery - Repair	\$200
Tendon, Ligament, Rotator Cuff or Knee Surgery - Exploratory	\$100
Ruptured Disc Surgery - Repair	\$500
Eye Injury Surgery	\$200
Eye Injury - Removal of Foreign Object	\$100
Emergency Dental - Extraction More than 1 tooth pays 2 times the benefit	\$100
Emergency Dental - Broken Tooth More than 1 tooth pays 2 times the benefit	\$50
Concussion	\$100
Coma	\$5,000
Diagnostic Advanced	\$50
Appliance (Durable Medical Equipment) Limited to 2. Not including hearing aids, dentures, eyeglasses, cosmetic devices, artificial joint replacements	\$100
Prosthesis (arm, leg, hand, foot, eye) Limited to 2. Not including hearing aids, dentures, eyeglasses, cosmetic devices, artificial joint replacements	\$200
Paralysis - Paraplegia (>30 days)	\$1,000
Paralysis - Quadriplegia (>30 days)	\$2,000
Blood, plasma, platelets	\$100
Transportation (100+ miles one way) Limited to 1 every 12 months. Treatment not available locally with required Hospital Stay.	\$100
Family Lodging (100+ miles one way) Limited to 30 days, 1 every 12 months. Treatment not available locally with required Hospital Stay.	\$50 per day

Benefit - Specific Conditions, Exclusions and Limitations

- › **Abdominal or Thoracic Surgery:** If paid, no other surgical benefit will be paid.
- › **Ambulance:** Only 1 benefit will be paid whichever is the greater amount.
- › **Burns:** Excludes sunburn.
- › **Coma:** Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Not payable if a coma is medically induced.
- › **Dislocation:** If more than dislocation, only 1 benefit will be paid, whichever is the greater amount.
- › **Eye Injury - Removal of Foreign Object:** Benefit not paid if removal occurs during eye surgery and Eye Surgery Benefit is paid.
- › **Follow-up Physician Office and Physical Therapy Visits:** Must be examined, treated or prescribed by Physician. First examination or treatment must be within 90 days of the Covered Accident. Subsequent Follow-up Treatment must be completed within 365 days from the Covered Accident.
- › **Fracture:** If more than 1 fracture, only 1 benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture.
- › **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Accident. Excludes: Treatment in an emergency room, provided on an outpatient basis, or for readmission for the same Covered Accident.
- › **Hospital Stay:** Must be admitted for at least 23 hours or as an Inpatient and confined to the Hospital, due to a Covered Accident, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater. Hospital Stays within 90 days for the same or a related Covered Accident is considered 1 Hospital Stay.
- › **ICU Stay:** Must be admitted for at least 23 hours or Inpatient and confined in an ICU of a Hospital, due to a Covered Accident, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater. ICU Stays within 90 days for the same or a related Covered Accident is considered 1 ICU Stay.
- › **Medical Supplies:** Excludes durable medical equipment.
- › **Paralysis:** If more than 1 benefit is payable, only the largest available benefit will be paid.
- › **Transportation:** Benefits will not be payable if Ambulance benefit is paid.
- › **Other:**
 - Requires admissions, stays, surgery, diagnostic exams, diagnosis, visits, ambulance trips, or treatment to be within 90 days of a Covered Accident. Emergency care within 30 days.
 - Excludes routine health examinations or immunizations for persons age 60 and older, visits for Mental or Nervous Disorders or for visits by a surgeon while confined to a Hospital
 - If eligible for Physician Office or Emergency Care benefits for the same Covered Accident, only 1 benefit will be payable, whichever is greater. Not eligible for Physician Office benefit if eligible to receive benefits under Emergency Treatment.
 - Some benefits require stays, treatment, services or items to be diagnosed, performed, prescribed or recommended by a Physician, or in the case of Anesthesia if benefit is payable, a Nurse Anesthetist. For dental services, they must be performed by a licensed dentist.

Common Exclusions

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;
- 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: employed, retained by, related to, or living with the covered person; 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).

ACCIDENTAL INJURY INSURANCE POLICIES PAY LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence.

Product availability, benefits, covered conditions and/or features may vary by location and plan type and is subject to change. All group insurance policies and group benefit plans contain exclusions and limitations. Reduction of benefit provisions and terms under which the policy or plan may be continued in force or discontinued may also apply. For costs and complete details of coverage, contact your Cigna representative.

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