



Offered by Life Insurance Company of North America, a Cigna company

## Employee-Paid ACCIDENTAL INJURY INSURANCE

### SUMMARY OF BENEFITS

Prepared for: CIGNA COMPANIES

**Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by \*) below.**

#### Who Can Elect Coverage:

**You:** If you are a regular full-time employee of a participating Cigna company, a regular part-time employee of a participating Cigna company regularly scheduled to work at least 28 hours each week who is working in the United States, the District of Columbia, Puerto Rico, Guam or the Virgin Islands or are designated by the Plan Administrator as an eligible U.S. expatriate; or a part-time employee of a participating Cigna company regularly scheduled to work at least 24 hours, but less than 28 hours per week as of December 31, 2013 who remain continuously employed, excluding hourly, casual, interns and other employees of a participating Cigna company not classified as regularly full-time or part-time in the Cigna personnel records. A U.S. expatriate is defined as a citizen of the United States working outside of the United States. You will be eligible for coverage immediately.

**Your Spouse/Domestic Partner:** Is eligible as long as you apply for and are approved for coverage yourself.

**Your Child(ren):** Birth to 26, as long as you apply for and are approved for coverage yourself.

**Available Coverage:** This Accidental Injury plan provides 24 hour coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Initial & Emergency Care	Plan
Ground Ambulance/Air Ambulance*	\$200/\$600
Emergency Care Treatment	\$200
Diagnostic Exam (x-ray or lab)	\$25
Physician Office Visit	\$100
Hospitalization Benefits <sup>1</sup>	Plan
Hospital Admission	\$1,000
Hospital Stay (per day)	\$200
Intensive Care Unit Stay (per day)	\$400
Fractures and Dislocations <sup>2</sup>	Plan
Per covered surgically-repaired fracture	\$200-\$4,000
Per covered non-surgically-repaired fracture	\$100-\$2,000
Chip Fracture (percent of fracture benefit)	25%
Per covered surgically-repaired dislocation	\$200-\$4,000
Per covered non-surgically-repaired dislocation	\$100-\$2,000
Follow-Up Care <sup>3</sup>	Plan
Follow-up visit to the doctor	\$100
Follow-up physical therapy visits	\$50

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Enhanced Accident Benefits <sup>4</sup>	Plan
Examples:	
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$200
Coma (lasting 7 days with no response)	\$10,000
Concussion	\$150
<i>Plus up to 22 additional benefits – See certificate for details, including limitations and exclusions.</i>	

### Bi-Weekly Cost of Coverage:

Tier	Plan
Employee	\$3.99
Employee and spouse	\$6.60
Employee and child(ren)	\$9.32
Family	\$11.93

*Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.*

### Important Definitions and Policy Provisions:

**Coverage Type:** Benefits are paid when a covered injury results, directly and independently of all other causes, from a Covered Accident. A Covered Accident is a sudden, unforeseeable, external event that results directly in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy. Benefits provided are not intended to cover all medical expenses.

**Covered Person:** An eligible person who is enrolled for coverage under this Policy

**Covered Loss:** A loss that is one of the Covered Conditions suffered by the Covered Person within the applicable time period described in the Policy.

**When your coverage begins:** Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, the date you authorize any necessary payroll deductions, or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital, home, or facility confined; under the care of a Physician for sickness or injury; receiving disability benefits; or unable to perform any activities of daily living without assistance.

**When your coverage ends:** Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

**30 Day Right To Examine Certificate:** If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

**Portability Feature:** You can continue 100% of your coverage at the time your coverage ends. You must be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

### \*State Variations

Spouse definition includes civil union for employees residing in Vermont. **Ground Ambulance/Air Ambulance** benefits differ for CT residents, see your Certificate for details. **Specific Benefit Exclusions and Limitations** The timeframe to obtain services following a covered accident is extended in SD and WA. Common Exclusions may vary for residents of CT, MN, SC, SD, and WA, see your Certificate for detail.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS 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.

Terms and conditions for Accidental Injury are set forth in Group Policy No. AI 960034. 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 Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GAI-00-1000.00. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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