



CIGNA CHOICE ACCIDENT

Insurance that helps protect you from accidental injury expenses.

Protect yourself from life's what-ifs with accident coverage that helps you and your family bounce back – physically and financially.

Cigna Choice Accident Insurance helps pay for deductibles, copays and out-of-pocket expenses if you or a family member is injured in a covered accident.¹

- › Coverage is available to you and your family and the premium is not dependent upon age or occupation
- › Benefits are paid directly to you or a person you choose and can be used however you like
- › Worldwide coverage for accidental injuries
- › Policy isn't affected by any other insurance you may have
- › Guaranteed renewable for life, so only you can cancel²
- › No medical underwriting, so you do not need to provide your medical history to qualify for coverage
- › There are no network requirements so you can use the doctors and facilities of your choice

With three policy options – Core, Preferred and Premier – you choose the one that best meets your needs. Plus, you can customize your coverage with these optional riders:³

- › **Accident Disability Rider:** Receive \$500 per month for up to six months with no preexisting condition clause and one premium rate for all working applicants⁴
- › **Parent Coverage:** Add the policyholder's and/or the spouse's parents on the same application with coverage equal to the base level
- › **Health Screening Benefit:** Provides up to \$50 per year to help pay for up to 26 health screenings including mammography exams, chest x-rays and cholesterol tests⁵



Insured by Loyal American Life Insurance Company



Cigna Choice Accident coverage scenario:
Charlie was in a car accident that resulted in serious injuries.



Ambulance

Charlie was transported by ambulance to the ER.



Emergency Room Care

Charlie received emergency care to treat a facial laceration.



Diagnostics

The ER doctor ordered an x-ray and discovered Charlie had a fractured tibia.



Hospital Treatment

Charlie was admitted to the hospital for two days for leg surgery.



Follow-up Care

Over the next few weeks, Charlie had follow-up care at home and with his primary care doctor.

Cigna Choice Accident Preferred Policy

Charlie received \$4,840 to help pay the costs not covered by traditional insurance, including his deductible and co-pay as well as a lawn service and someone to walk his dog.

Ambulance Transport	\$500
Emergency Room Care	\$150
6" + stitches to treat facial injury	\$400
X-ray	\$40
Hospital Admission	\$1,500
Surgery for fractured leg	\$1,000
2-day inpatient hospital stay	\$600
Follow-up Care	\$50
6-day At-home Follow-up Care	\$600
TOTAL	\$4,840

Presented for illustration only.⁶

Benefits schedule exhibit⁷

Accidental Death and Accidental Dismemberment	Benefit amount		
	Core	Preferred	Premier
Accidental Death - Common Carrier (Policyowner & Spouse / Child(ren))	\$75,000 / \$15,000	\$100,000 / \$20,000	\$150,000 / \$25,000
Accidental Death - Other Accidents (Policyowner & Spouse / Child(ren))	\$25,000 / \$10,000	\$25,000 / \$10,000	\$25,000 / \$10,000
Accidental Dismemberment - Loss of both Arms or Loss of both Legs	\$20,000	\$25,000	\$40,000
Accidental Dismemberment - Loss of Sight of both Eyes, Loss of both Hands or Loss of both Feet	\$20,000	\$25,000	\$40,000
Accidental Dismemberment - Loss of Sight of Eye, Loss of Hand, Loss of Foot, Loss of Arm or Loss of Leg	\$10,000	\$12,500	\$20,000
Accidental Dismemberment - Loss of Finger(s) and/or Loss of Toe(s)	\$1,000	\$1,500	\$2,000

Benefits schedule exhibit⁷

Covered injuries suffered in a covered accident	Benefit amount		
	Core	Preferred	Premier
Burn – 2nd Degree (based on size)	\$100-\$1,000	\$125-\$1,500	\$150-\$2,000
Burn – 3rd Degree (based on size)	\$200-\$9,000	\$250-\$12,000	\$300-\$15,000
Coma (Duration of at least 7 days)	\$10,000	\$15,000	\$15,000
Concussion	\$100	\$150	\$200
Dislocation (Separated Joint) Closed Reduction (based on body part)	\$50-\$500	\$100-\$1,000	\$200-\$3,000
Dislocation (Separated Joint) Open Reduction (based on body part)	\$125-\$1,250	\$250-\$2,500	\$500-\$4,500
Emergency Dental Work (extraction / crown)	\$50 / \$200	\$100 / \$300	\$200 / \$500
Eye Injury (Removal of foreign body by a Physician / Surgery)	\$50 / \$200	\$75 / \$250	\$100 / \$300
Fracture (Broken Bone) Closed Reduction (based on body part)	\$75-\$750	\$150-\$1,500	\$300-\$3,000
Fracture (Broken Bone) Open Reduction (based on body part)	\$150-\$1,500	\$300-\$3,000	\$600-\$6,000
Simple Non-reduction Skull Fracture (except Bones of Face or Nose)	\$500	\$750	\$1,000
Depressed Skull Fracture (except Bones of Face or Nose)	\$1,000	\$2,000	\$3,000
Lacerations (based on size and if repaired with or without stitches/sutures)	\$25-\$300	\$35-\$400	\$45-\$500
Paralysis	\$15,000	\$20,000	\$30,000
Skin Graft	\$1,500	\$2,000	\$2,500
Surgical Procedures (based on type of surgery)	\$200-\$1,000	\$250-\$1,500	\$300-\$2,000
Accident Emergency Treatment (ER / Urgent Care or Physician's Office (per visit))	\$100 / \$50	\$150 / \$100	\$200 / \$125
Accident Follow-Up Treatment (Office or Telemedicine (per visit))	\$25	\$50	\$65
Ambulance (Ground & Water / Air)	\$250 / \$1,000	\$500 / \$2,000	\$750 / \$3,000
Appliance	\$50	\$100	\$125
At Home Recovery	\$50	\$100	\$150
Blood, Plasma, Platelets	\$200	\$300	\$400
Diagnostic Imaging (X-rays / Major Diagnostic Exams)	\$30 / \$150	\$40 / \$200	\$50 / \$200
Family/Companion Lodging and Meals (per day)	\$100	\$125	\$150
Home Modification	\$500	\$1,000	\$2,000
Hospital Confinement (per day)	\$200	\$300	\$400
Hospital Intensive Care Unit Confinement (per day)	\$400	\$600	\$800
Initial Accident Hospitalization (Hospital / Hospital Intensive Care Unit)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000
Pain Management	\$100	\$100	\$100
Post-Traumatic Stress Disorder	\$50	\$100	\$150
Prosthetic Device/Artificial Limb	\$500	\$1,000	\$1,500
Prosthetic Device/Artificial Limb – Repair or Replacement	\$250	\$300	\$500
Rehabilitative Therapy Benefit (per treatment)	\$40	\$60	\$80
Rehabilitation Facility	\$100	\$150	\$200
Transportation	\$200	\$400	\$600

1. Benefits may vary by state and all benefits payable are subject to the terms and conditions of the policy.
2. Subject to the company's right to increase premiums on a class basis.
3. Optional riders available for an additional premium.
4. Accident Disability Rider benefit available after a 14 day elimination period. Accident Disability Rider not available in Minnesota.
5. Health Screening Benefit not available in Illinois, Michigan, Minnesota, Missouri, New Hampshire, and New Mexico.
6. Actual coverage terms and benefit amounts will vary depending on the terms of your specific group policy. Policy terms and conditions apply. This policy pays fixed benefits according to a schedule and may not cover the cost of all medical expenses (it does not pay for medical expenses as incurred). For a complete description of the plan coverage, including plan terms, exclusions and limitations, refer to your plan documents.
7. Refer to plan documents for complete description of all covered benefits.

Loyal American Life Insurance Company, PO Box 5700, Scranton, PA 78505-5700. Loyal American Life Insurance Company is a proud member of the Cigna family of companies. **This is a solicitation for insurance. An insurance agent/producer may contact you.** This brochure is designed as a marketing aid and is not to be construed as a contract for insurance. It provides a brief description of the important features of policy form series LY-ACIN-BA, LY-ACDI-RD, LY-AHSB-RD, LY-ACPT-RD and in Florida: LY-ACIN-BA-FL, LY-ACDI-RD-FL, LY-AHSB-RD-FL, LY-ACPT-RD-FL, in Oklahoma: LY-ACIN-BA-OK, LY-ACDI-RD-OK, LY-AHSB-RD-OK, LY-ACPT-RD-OK, in Tennessee: LY-ACIN-BA-TN, LY-ACDI-RD-TN, LY-AHSB-RD-TN, LY-ACPT-RD-TN, in Texas: LY-ACIN-BA-TX, LY-ACDI-RD-TX, LY-AHSB-RD-TX, LY-ACPT-RD-TX. The full terms and conditions of coverage are stated in, and governed by, an issued policy and riders. THIS POLICY PROVIDES LIMITED BENEFITS FOR AN ACCIDENTAL INJURY ONLY. Availability may vary by state.

ACCIDENT TREATMENT POLICIES PAY LIMITED BENEFITS ONLY. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND ARE NOT INTENDED TO 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.



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