Cigna Healthcare Accidental Injury benefits.

Plans 1 and 2

Cigna Healthcare℠ Accidental Injury insurance can help provide the coverage and additional financial protection employees and their families may need for expenses associated with an unexpected covered accident. With Cigna Healthcare 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 1	Plan 2
Emergency Care Treatment Limited to 1 per accident.	$100	$200
Physician Office Visit - Virtual care accepted Limited to 1 per accident.	$50	$100
Diagnostic Exam (X-ray or lab) Limited to 1 per accident.	$50	$75
Ground/Water Ambulance (to nearest hospital)	$300	$400
Air Ambulance Limited 1 per accident.	$1,200	$1,600

HOSPITALIZATION

Benefit Type	Plan 1	Plan 2
Hospital Admission Limited to 1 per accident.	$1,000	$2,000
Hospital Stay Limited to 365 days, 1 stay per accident.	$100 per day	$200 per day
Intensive Care Unit (ICU) Stay Limited to 365 days, 1 stay per accident.	$200 per day	$400 per day

* Unless otherwise assigned.
Plan 1 = Low; Plan 2 = Mid

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Insurance benefits are underwritten by Cigna Health and Life Insurance Company.

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FRACTURES - LIMITED TO 1 PER ACCIDENT				
Benefit Type	**Plan 1**		**Plan 2**	
	Non-Surgical	Surgical	Non-Surgical	Surgical
Skull	$3,000	$6,000	$4,000	$8,000
Hip or Thigh	$3,000	$6,000	$4,000	$8,000
Vertebrae or Pelvis	$3,000	$6,000	$4,000	$8,000
Upper Arm	$500	$1,000	$1,000	$2,000
Shoulder or Collarbone	$1,000	$2,000	$2,000	$4,000
Leg	$1,500	$3,000	$3,000	$6,000
Ankle	$800	$1,600	$1,600	$3,200
Kneecap	$800	$1,600	$1,600	$3,200
Lower Arm	$400	$800	$800	$1,600
Foot	$400	$800	$800	$1,600
Hand or Wrist	$800	$1,600	$1,600	$3,200
Upper Jaw	$300	$600	$600	$1,200
Lower Jaw	$300	$600	$600	$1,200
Bones of Face or Nose	$300	$600	$600	$1,200
Vertebral Processes	$300	$600	$600	$1,200
Rib More than 1 rib fracture pays 2 times the benefit	$100	$200	$200	$400
Coccyx	$100	$200	$200	$400
Finger More than 1 finger pays 2 times the benefit	$100	$200	$200	$400
Toe More than 1 toe fracture pays 2 times the benefit	$100	$200	$200	$400
Sternum	$50	$100	$100	$200
Heel	$50	$100	$100	$200
Chip Fracture	25% of closed fracture benefit	N/A	25% of closed fracture benefit	N/A
Multiple Fractures	200% of the single fracture benefit for multiple fractures to the same bone	N/A	200% of the single fracture benefit for multiple fractures to the same bone	N/A

DISLOCATIONS - LIMITED TO 1 PER ACCIDENT				
Benefit Type	**Plan 1**		**Plan 2**	
	Non-Surgical	Surgical	Non-Surgical	Surgical
Hip Joint	$3,000	$6,000	$4,000	$8,000
Knee Joint	$3,000	$6,000	$4,000	$8,000
Bones of Foot	$2,000	$4,000	$3,000	$6,000
Ankle	$1,000	$2,000	$2,000	$4,000
Wrist	$800	$1,600	$,600	$3,200
Elbow	$600	$1,200	$1,200	$2,400
Shoulder	$400	$800	$800	$1,600
Hand	$200	$400	$400	$800
Collarbone	$400	$800	$800	$1,600
Lower Jaw	$200	$400	$400	$800
Finger or Toe More than 1 pays 2 times the benefit	$100	$200	$200	$400

FOLLOW-UP CARE - VIRTUAL CARE ACCEPTED		
Benefit Type	**Plan 1**	**Plan 2**
Follow-up Physician Office Visit Limited to 10 visits per accident.	$50	$100
Follow-up Physical Therapy Visits Limited to 10 visits per accident.	$25	$50

ENHANCED ACCIDENT BENEFITS - LIMITED TO 1 PER ACCIDENT UNLESS OTHERWISE INDICATED		
Benefit Type	**Plan 1**	**Plan 2**
Small Burns (2nd or 3rd degree - 20% or less of body)	$100	$300
Large Burns (2nd degree - More than 20% of body)	$750	$1,000
Large Burns (3rd degree - More than 20% of body)	$7,500	$10,000
Skin graft Benefit (if burn benefit paid)	50% of the applicable benefit for Small Burns or Large Burns	50% of the applicable benefit for Small Burns or Large Burns
Small Lacerations Limited to 2 (>6 inches with 2+ sutures)	$50	$100
Large Lacerations Limited to 2 (>6 inches with 2+ sutures)	$400	$600
General Anesthesia Benefit	$50	$100
Medicine Benefit	$5	$10
Medical Supply Benefit	$5	$10
Abdominal or Thoracic Surgery	$1,000	$1,250
Tendon, Ligament, Rotator Cuff or Knee Surgery – Repair	$200	$400
Tendon, Ligament, Rotator Cuff or Knee Surgery – Exploratory	$100	$150
Ruptured Disc Surgery – Repair	$500	$750
Eye Injury Surgery	$200	$400
Eye Injury – Removal of Foreign Object	$100	$200

ENHANCED ACCIDENT BENEFITS - LIMITED TO 1 PER ACCIDENT UNLESS OTHERWISE INDICATED		
Benefit Type	**Plan 1**	**Plan 2**
Emergency Dental – Extraction More than 1 tooth pays 2 times the benefit	$75	$150
Emergency Dental – Broken Tooth More than 1 tooth pays 2 times the benefit	$50	$75
Concussion	$100	$150
Coma	$5,000	$10,000
Diagnostic Advanced	$100	$150
Appliance (Durable Medical Equipment) Limited to 2. Not including hearing aids, dentures, eyeglasses, cosmetic devices, artificial joint replacements	$50	$150
Prothesis (arm, leg, hand, foot, eye) Limited to 2. Not including hearing aids, dentures, eyeglasses, cosmetic devices, artificial joint replacements	$400	$1,000
Paralysis – Paraplegia (>30 days)	$1,000	$5,000
Paralysis – Quadriplegia (>30 days)	$2,000	$10,000
Blood, plasma, platelets	$100	$200
Transportation (100+ miles one way) Treatment not available locally with required hospital stay.	$400	$400
Family Lodging (100+ miles one way) Limited to 30 days. Treatment not available locally with required hospital stay.	$100 per day	$150 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.
- **Disclocation:** 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 I 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 I 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 (may vary by location);

• 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).



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.

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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