

Cigna Supplemental Solutions®
Insured by Loyal American Life Insurance Company

ACCIDENT EXPENSE *Insurance Policy for* **GEORGIA**

EXPECT THE UNEXPECTED.

COVERAGE WHEN YOU NEED IT MOST



- Benefits for **Covered Accident Expenses**
(not to exceed the Maximum Annual Benefit Amount)
- Coverage for Individuals **from Birth to Age 74**
- **Guaranteed Renewable** to Age 80
(Subject to the Company's right to increase premiums)
- **Accidental Death Benefit & Accidental Dismemberment Benefit**
(included in your policy)
- Parent Rider for **More Coverage**
(for an additional premium)

GO YOU®



YOUR WELL-BEING

Your well-being is important to living a full and happy life, so planning for the unexpected should be on your To-Do List. That's why we offer solutions to help you live the life you were meant to.

Let's face it. Accidents happen. And when they do, you should be prepared. Cigna Supplemental Solutions[®] insurance policies, underwritten by Loyal American Life Insurance Company, can help protect you financially when a covered accident occurs.

Cigna Supplemental Solutions[®] offers a full suite of supplemental products intended to help customers protect their wealth, health and well-being. Our Accident Expense insurance policy can help cover accident related medical expenses. With our policy, you can select a Maximum Annual Benefit Amount of \$2,500 - \$25,000 to use on covered expenses.

Most people do not have money set aside in case of an accident. Wouldn't it be great to have benefits for expenses that could include:

- Ambulance Transportation
- Emergency Care Services
- Drugs
- Tests & X-Rays
- Surgery
- Major Diagnostic Exams
- Follow-Up Care Services
- Durable Medical Equipment
- Prosthetic Devices
- Rehabilitative Therapy

These costs can really add up fast. That's why we developed coverage that helps pay the benefits you may need.

How it Works

Select your Maximum Annual Benefit Amount.

Benefit amounts range from \$2,500 to \$25,000 to use to pay for expenses incurred for any of the covered services each year.

Choose a deductible. The deductible is the dollar amount that you must pay in full each calendar year before any benefits are payable.

For family coverage, the deductible is two times the individual deductible amount and must be satisfied by at least two covered family members. No insured person will contribute more than the Individual Deductible Amount to the family deductible amount. Once the family deductible is satisfied, benefits are payable for all covered family members for the remainder of the calendar year.

Add a Rider. *We understand the importance of flexibility in building coverage that is unique.*

Customize your policy to address concerns by adding on a Rider for an additional premium. You can extend benefits of the base policy to your parents or your spouse's parents with the Parent Rider.

SOLUTIONS FOR YOU

Included in Your Policy

Accidental Death Benefit. *Extra coverage for death can be very important.* That's why we include a \$25,000 benefit for adults and a \$10,000 benefit for children and parents (*if the Parent Rider is issued*) if death occurs within 90 days as a direct result of covered injuries caused by a covered accident.

Accidental Dismemberment Benefit. *Extra money in case of dismemberment can help make life a little easier.* Your policy includes a scheduled benefit amount from \$500 to \$25,000, depending on the type of covered dismemberment you suffer within 90 days following a covered accident, with no more than two benefit amounts per insured person. The initial treatment or medical evaluation for this benefit must occur within seven days of the covered accident.

Parent Benefit Rider

Thinking of a way to help provide coverage for your parents?

Help protect them from financial losses due to accidental injuries. Extend the benefits of your base policy to your parents or your covered spouse's parents with our Parent Rider if they are between the ages of 40 - 74 at the time of issue.

...A great way to help provide something extra to those that have helped you all of your life...

Form #LY-PRT-RD-GA



COVERED SERVICES

After an accident occurs, from the initial care to the recovery, we are there to help. Whether it's a visit to the Emergency Room for a broken limb or an x-ray for a skiing injury, our Accident Expense policy is designed to help offset your costs.

To take advantage of these benefits, you must seek initial treatment for your covered accidental injury within seven days and have met your deductible amount selected. Then, the subsequent benefits may be covered, not to exceed the Maximum Annual Benefit Amount you selected, which resets yearly.

Ambulance Transportation

We pay the charges incurred for transportation of an insured person to a hospital or emergency room by a licensed ambulance company and includes transportation from one facility to another should specialized treatment be needed.



Emergency Care Services

If you need emergency care following a covered accident, you may choose to visit your doctor, hospital or urgent care facility within the first 90 days after the accident, and receive reimbursement for the costs you incurred.



Psychiatric treatment not covered.

Drugs

If you are given drugs as treatment for covered injuries received in a covered accident, we will pay the charges incurred for those drugs as long as they are administered in a hospital, emergency room, urgent care center or doctor's office.



The policy will not cover prescriptions after initial care.

Tests and X-rays

If part of your treatment for injuries received in a covered accident requires tests and/or x-rays, we will pay the charges incurred per covered accident for a combination of 10 of the following performed within 90 days of the covered accident:

1. x-rays;
2. blood tests;
3. Echocardiography;
4. Electrocardiography (EKG); and
5. ultrasound.



If two or more x-rays are performed on one joint or body part in the same day, they will count as one x-ray.

Surgery

If your injury received in a covered accident results in surgery, which occurs within 90 days of the covered accident, we will pay the charges incurred for the surgery. This includes charges for the surgeon, anesthesia and the facility, as long as the surgery is medically necessary and performed in a hospital, emergency room, doctor's office or an appropriate outpatient facility.

Major Diagnostic Exams

Your policy will pay the charges incurred per covered accident for two major diagnostic exams performed within 90 days of the accident to render a diagnosis of a covered injury. Exams include:

1. Computerized Tomography (CT or CAT) scan;
2. Magnetic Resonance Imaging (MRI);
3. Magnetic Resonance Angiography (MRA);
4. Positron Emission Tomography (PET) scan; or
5. Electroencephalogram (EEG).



Follow-Up Care Services

Being able to continue treatment after the initial treatment period is important to help you regain a full recovery. That's why we will pay the charges incurred for follow-up care services if you are treated by your doctor in your doctor's office or in a hospital as an outpatient within 90 days of the covered accident or discharge from the hospital.

Benefits are limited to 10 follow-up visits (*one per day*) per injured person, per covered accident. Follow-up care cannot be on the same day emergency care services were received.

Durable Medical Equipment

If your treatment plan includes durable medical equipment, as defined in the policy, for items such as crutches or a wheelchair, we will pay the charges incurred for their rental costs or purchase price, whichever is less. The covered equipment must be prescribed by your doctor within 90 days of your covered accident.

Prosthetic Devices

Should you suffer the loss of a hand, foot, arm, leg or speech due to injuries received in a covered accident, we will pay the charges incurred for the cost of one prosthetic device per severed limb received within one year of the covered accident as long as it is prescribed by your doctor for functional purposes.

Coverage for repair, replacement or duplicate equipment is not provided.



Rehabilitative Therapy

If you are prescribed by your doctor and you subsequently receive rehabilitative therapy as a result of injuries received in a covered accident, we will pay the charges incurred for the rehabilitative therapy. Therapy must be provided by a licensed or certified physical, occupational or speech therapist or licensed chiropractor in an office or hospital.

Benefits are limited to 10 visits (*one per day*) per injured person, per covered accident. Your therapy must begin within 30 days of the covered accident or discharge from the hospital and be completed within six months after the accident.

HOW IT WORKS

Individual Coverage

While Lisa was mountain biking, she hit a rock that sent her flying. When she landed, she knew something was wrong. Her husband rushed her to the emergency room to find out she had broken her wrist. Between the emergency room visit, the x-rays and the follow-up visits, the bills added up.

Luckily, Lisa had purchased an Accident Expense insurance policy last year and had yet to file any claims.



Lisa purchased:

\$5,000 Annual Benefit Amount
\$250 Deductible

Lisa's Maximum Annual Benefit Amount will replenish to the full amount of \$5,000 on Jan. 1 of each calendar year.

Maximum Annual Benefit Amount	\$5,000
Total Cost Incurred From Lisa's Accident	\$2,600
Lisa's Deductible	\$250
Benefits Her Policy Pays	\$2,350
Remaining Maximum Annual Benefit Amount	\$2,650



Family Coverage

When Kevin signed up for football, his mom, Debbie knew an accidental injury was possible. Just in case, she purchased an Accident Expense policy with an annual benefit and deductible to cover each family member.

Claims were paid, not only when Kevin broke his arm, but when her husband, Jim, sprained his ankle hanging Christmas lights.

The Smith family purchased:

\$10,000 Annual Benefit Amount
\$500 Deductible

(Family deductible is two times the individual deductible.)

The Maximum Annual Benefit Amount for each person will replenish to the full amount of \$10,000 on Jan. 1 of each calendar year.

Maximum Annual Benefit Amount (<i>per family member</i>)	\$10,000
Total Cost Incurred From Kevin's Accident	\$1,500
Total Cost Incurred From Jim's Accident	\$2,500
The Smith Family's Deductible (<i>\$500 x 2</i>)	\$1,000
Benefits Their Family Policy Pays	\$3,000
Remaining Maximum Annual Benefit Amount for the Smith Family	\$9,000 (<i>Kevin</i>) \$8,000 (<i>Jim</i>) \$10,000 (<i>Debbie</i>)

WHAT ISN'T COVERED

Exclusions & Limitations

Please see your policy for exact details. In addition to any benefit-specific conditions, limitations, or exclusions, benefits will not be paid for any covered accident and/or covered injury which, directly or indirectly, in whole or in part, is caused by or results from any of the following, unless coverage is specifically provided for by name in the applicable policy and/or rider section:

1. suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury;
2. war or act of war (whether declared or undeclared);
3. any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation;
4. commission of or active participation in a riot, insurrection, rebellion or police action;
5. active duty service in the military, naval or air force of any country or international organization. Upon our receipt of written proof within 31 days of entering military service, we will refund any premium paid during the insured person's time of active duty. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 days;
6. voluntary self-administration of any narcotic, drug, poison, gas or fumes, unless administered on the advice of a physician and taken in accordance with the prescribed dosage;
7. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident or covered injury occurred;
8. mental or emotional disorders, alcoholism and drug addiction;
9. treatment outside the United States unless otherwise specified in the policy;
10. participation in any motorized race or contest of speed on sea, land or air;
11. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
12. participation in any high risk activities such as bungee jumping, parachuting, skydiving, parasailing, hand-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting or any similar activity;
13. 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 regular-scheduled commercial or charter airline;
14. sickness, disease, bodily or mental infirmity bacterial or viral infection or any condition resulting from insect, arachnid or other arthropod bites or stings, 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;
15. practicing for or participating in any semiprofessional or professional competitive athletic contest for which such insured person receives any compensation or remuneration; or
16. operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program.

The following conditions, treatment and/or services are not covered in the policy:

1. care, services or supplies received without charge or legal obligation to pay from a military, veteran's, or government hospital contracted for, or operated by, the federal government or its agency;
2. prescription and over-the-counter products, drugs or medicines, even if prescribed by a doctor; except as described in the policy;
3. cosmetic service, treatment that is not medically necessary, or treatment, services and supplies for experimental, investigational or unproven purposes;
4. dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition are not covered, except as provided for or in connection with a covered injury to sound natural teeth and a continuous course of dental treatment is started within six (6) months of the covered injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch;
5. treatment or services from a masseur, massage therapist, or rolfer, massage therapy and any type of holistic therapy which include, but are not limited to, meditation, aromatherapy and relaxation therapy;
6. repetitive or cumulative motions or stress traumas, which include, but are not limited to, carpal tunnel syndrome, tennis elbow, and thoracic outlet syndrome; or
7. any services, treatments or conditions occurring while the policy is not in force.

TO APPLY for an
ACCIDENT EXPENSE POLICY,
contact the company or your licensed insurance agent today.



Loyal American Life Insurance Company, P.O. Box 26580, Austin, TX 78755-0580, (866) 459-4272. Loyal American Life Insurance Company is a proud member of the Cigna family of companies.

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 LY-ACC-BA-GA and applicable riders. **THIS POLICY DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT. THIS POLICY DOES NOT SATISFY THE FEDERAL REQUIREMENT THAT YOU HAVE HEALTH INSURANCE COVERAGE, WHICH BECAME EFFECTIVE JANUARY 1, 2014. THIS POLICY PROVIDES LIMITED BENEFITS COVERAGE FOR AN ACCIDENTAL INJURY ONLY.** The full terms and conditions of coverage are stated in, and governed by, an issued policy and riders.

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