Flexible Choice
CANCER and
HEART ATTACK & STROKE
Insurance Policies for WYOMING

BENEFITS TO HELP YOU STAY
100% YOU

LUMP SUM BENEFITS FROM
$5,000 – $100,000
HOW IT WORKS

Your health 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.

Our Base Policies Provide:

- Flexible lump sum benefits from $5,000 to $100,000 to use any way you like
- Coverage for you, your spouse and/or your family
- Issue ages from 18 – 99
- Guaranteed Renewable for life*
- Riders for added flexibility (for an additional premium)

Help Ease Financial Issues

You can’t predict the future. So, it’s good to plan ahead. Cigna Supplemental Solutions®, through Loyal American Life Insurance Company, can help protect your lifestyle and well being when a critical health event occurs.

Help ease the financial issues that arise when you are diagnosed with cancer or suffer a heart attack, stroke or one of the covered qualifying events. With our policies, benefits are paid directly to you, or your designee, in a lump sum payment. Benefit amounts are flexible, ranging from $5,000 to $100,000 for you, your spouse and your dependent children (under age 26).

No Surprises

We pay regardless of any other insurance you may have, and we pay directly to you, or your designee, to use any way you like.

How can I use the money?

How you use the cash benefit is up to you. Use the lump sum benefits to cover:

- Deductibles/coinsurance
- Prescription drugs
- Rehabilitation
- Extended hospital stays
- Experimental therapy
- Unexpected expenses

How it Works

Start with a base policy. Choose either a Cancer or a Heart Attack & Stroke Insurance Policy.

Get the benefits of both policies. Add either a Cancer rider to a Heart Attack & Stroke policy or a Heart Attack & Stroke rider to a Cancer policy for an additional premium to get benefits of both policies.

Customize your coverage. For an additional premium, you can add:

- a restoration benefit in case of a later heart attack or stroke diagnosis or procedure;
- a recurrence benefit should you receive a subsequent cancer diagnosis;
- a hospital indemnity benefit to help cover hospitalization expenses; or
- other benefits to tailor your needs.

*Subject to the company’s right to increase premiums on a class basis.


Use of statistics in this brochure does not imply endorsement of any kind.
Meet Elizabeth

Elizabeth, a teacher at a local elementary school, felt something on her breast and scheduled an appointment with her doctor. She was diagnosed with breast cancer. Three years ago, she purchased a $25,000 Flexible Choice Cancer Policy and because of her diagnosis, was able to receive 100% of her $25,000 selected benefit amount.

Ten years later, after treatment and a successful recovery, she is diagnosed again. Since she had opted for the Cancer Recurrence Benefit Rider when she first purchased her policy and had not received additional advice or treatment, she is able to receive another $25,000 (100% of her selected benefit) for her second diagnosis. These lump sum benefits can help her pay her out-of-pocket costs and other expenses.

Presented for illustration only.

*Riders are subject to state approval. Coverage must be in force.

### Lump Sum Cancer Coverage

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Carcinoma in Situ</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Use your lump sum benefit to help you get back to living the life you were meant to.

*This coverage is also available as a rider on a Heart Attack & Stroke policy. (Rider Form Series #LY-LSC-RD)*

### Cancer Recurrence Benefit Rider

#### (Form Series #LY-CR-RD)

If you are concerned with a recurring diagnosis of cancer, our Cancer Recurrence Benefit Rider may pay you additional benefits should you receive subsequent diagnoses of cancer. You will receive a percentage of your benefit amount (not to exceed an additional 100% of the selected benefit amount) upon additional diagnoses of cancer provided you have not received advice or treatment for at least two years from the date of your last diagnosis.

#### Percentage of Amount Payable

<table>
<thead>
<tr>
<th>Years Without Advice or Treatment</th>
<th>Percentage of Amount Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2</td>
<td>0%</td>
</tr>
<tr>
<td>2 or more but less than 5</td>
<td>25%</td>
</tr>
<tr>
<td>5 or more but less than 10</td>
<td>75%</td>
</tr>
<tr>
<td>10 or more</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Your Cancer Policy

A cancer diagnosis can occur at any time regardless of your lifestyle. Lacking the proper cancer coverage to help pay for additional costs associated with treatment can affect your recovery, so it’s beneficial to plan ahead.

With our Flexible Choice Cancer Insurance Policy, you will receive 100% of your selected benefit amount, from $5,000 – $100,000, upon diagnosis of any cancer.

You are unique and so are your health insurance needs. Don’t let a cancer diagnosis get in the way of being who you are. Our lump sum benefits can help with the treatment costs of cancer, so you can protect your well being.

### Cancer

In the U.S., **MEN** have a lifetime risk of developing cancer.

For **WOMEN**, the risk is a little more than 1 in 3.

The total projected cost of cancer in the U.S. in 2020.

For illustration only.

- Coverage must be in force.
HEART ATTACK & STROKE

The thought of having a heart attack is alarming, but the truth is, it can happen to anyone. Recovery is important. Our lump sum benefits help you focus on getting well so that you can be 100% you.

Your Heart Attack & Stroke Policy

The costs associated with an unexpected heart attack, stroke or other heart-related surgery can be overwhelming. With our Flexible Choice Heart Attack & Stroke Insurance Policy, you can receive a percentage of your selected benefit amount, from $5,000 – $100,000, should you receive a diagnosis or procedure for one of the qualifying events listed below, subject to the maximum benefit amount.

<table>
<thead>
<tr>
<th>Qualifying Events</th>
<th>% of Benefit amount payable for each event</th>
<th>Max. % of Benefit amount payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Heart Transplant</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Coronary Artery Bypass Surgery*</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>Aortic Surgery*</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Heart Valve Replacement/Repair*</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Angioplasty*</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Stent*</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

*Payable only once in an Insured Person’s lifetime.

For example, if you selected a $20,000 benefit amount and needed an Aortic Surgery, you would receive 25%, or $5,000. If you then suffered a stroke, you would receive the remaining balance amount of $15,000 for a total of 100% of your maximum benefit amount, or $20,000.

This coverage is also available as a rider on a Cancer policy. (Rider Form Series #LY-LSH-RD)

Heart Attack & Stroke Restoration Benefit Rider

(Form Series #LY-HR-RD)

The extra coverage provided by this rider will pay a percentage of your selected benefit amount should you suffer subsequent heart attacks, strokes or require a heart transplant (not to exceed an additional 100% of the selected benefit amount) provided the date of your last diagnosis for a heart attack, stroke or heart transplant was at least two years from your current diagnosis.

Heart Attack & Stroke Restoration Benefit Rider

Percentage of Amount Payable

<table>
<thead>
<tr>
<th>Years Since Last Heart Attack, Stroke or Heart Transplant</th>
<th>Percentage of Amount Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2</td>
<td>0%</td>
</tr>
<tr>
<td>2 or more but less than 5</td>
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<td>10 or more</td>
<td>100%</td>
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</tbody>
</table>

Heart Transplants are the 3rd most common organ transplant operation in the U.S.7

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MORE OPTIONS FOR YOU

Sometimes life throws you a curve ball. We offer extra coverage that can help protect you when you need it most. With our base policies, you have the flexibility to add on riders for an additional premium.

**Hospital Indemnity Benefit Rider** *(Form Series #LY-HI-RD)*

A trip to the hospital can happen when you least expect it, and it can be costly. With this rider, you can select a benefit amount ranging from $100 – $1,000, and we will pay the benefit amount for each day\(^2\) (at least 24 hours) that you are confined\(^3\) to a hospital as a result of injury, sickness or complications of pregnancy.

**Intensive Care Unit Indemnity Benefit Rider** *(Form Series #LY-ICU-RD)*

When an injury, sickness or complications of pregnancy require a trip to the intensive care unit, this rider will provide a selected benefit amount, from $100 – $1,000, payable for each day\(^2\) (at least 24 hours) that you are confined\(^3\) to the intensive care unit as an inpatient.

**Hospital and Intensive Care Unit Indemnity Benefit Rider** *(Form Series #LY-HICU-RD)*

With this option, the benefits of both the Hospital Indemnity Benefit Rider and the Intensive Care Unit Indemnity Benefit Rider are combined into one rider. We will pay the selected benefit amount, from $100 – $1,000, for each day\(^2\) that you are confined\(^3\) to a hospital as an inpatient (double if confined\(^3\) to the intensive care unit as an inpatient).

*Cannot be sold with the Hospital Indemnity Benefit Rider or the Intensive Care Unit Indemnity Benefit Rider.*

**Return of Premium Rider** *(Form Series #LY-ROP-D)*

Our Return of Premium Rider can give you some peace of mind should your policy go unused at the time of death. Your loved ones could receive 100% of all premiums paid (policy and riders) from the rider effective date on, less claims paid, as long as the policy is paid up and in force when you pass.

*Rider must be in force.  
*Under the direction and supervision of a physician.*
Exclusions, Limitations & Reductions
Please see your policy for exact details.

PRE-EXISTING CONDITION(S): A condition/conditions diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the policy or rider effective date. The benefits of the policy and any attached rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by pre-existing condition(s). This 12-month period is measured from the policy and rider effective date for each insured person.

Lump Sum Cancer Policy/Rider and Cancer Recurrence Benefit Rider
If you happen to be diagnosed within the first 30 days following the effective date of the policy and/or rider, the benefit amount payable will be reduced to 10% of the selected benefit amount, and your coverage will be terminated. (not applicable on Cancer Recurrence Benefit Rider)

No benefits will be payable for:
1. any disease, sickness or incapacity other than cancer as defined; this is so even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by cancer;
2. loss that begins prior to the policy and/or rider effective date;
3. any illness specifically excluded from the definition of cancer or carcinoma in situ.

Lump Sum Heart Attack & Stroke Policy/Rider and Heart Attack & Stroke Restoration Benefit Rider
If you happen to be diagnosed with two or more qualifying events on the same day or have two or more surgical treatments at the same time (through a common incision or entry point are considered one operation), we will pay only one benefit amount for the diagnosis and one benefit amount for the surgical treatment, the larger of the qualifying event benefits.

No benefits will be payable for:
1. any disease, sickness or incapacity other than qualifying events as defined; this is so even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by a qualifying event;
2. loss that begins prior to the policy and/or rider effective date;
3. a qualifying event diagnosed during the waiting period;
4. diagnosis received outside the United States or its' territories, unless otherwise specified in the policy and/or rider;
5. intentionally self-inflicted injury, suicide or any attempt while sane or insane;
6. voluntary self-administration of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage; and
7. any illness specifically excluded from the definition of qualifying events listed in the policy and/or rider.

WAITING PERIOD: The first 30 days following your policy or rider effective date. If diagnosed with a Qualifying Event during the waiting period, your coverage will be terminated under this policy or rider, and any applicable portion of premiums will be refunded.

Hospital Indemnity Benefit, Intensive Care Unit Benefit and Hospital and Intensive Care Unit Indemnity Benefit Riders
PRE-EXISTING CONDITION(S): A condition/conditions diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the policy or rider effective date or as to pregnancy existing on the rider effective date. The benefits of the policy and any attached rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by pre-existing condition(s). This 12-month period is measured from the policy and rider effective date for each insured person.

Benefits are only payable for the first 30 days for any one period of confinement. Once you reach age 65, coverage will be reduced by 50%.

No benefits will be payable for:
1. suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury;
2. war or act of war (whether declared or undeclared);
3. commission or attempt to commit an illegal activity or a felony;
4. commission of or active participation in a riot, insurrection, rebellion or police action;
5. voluntary self-administration of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
6. 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 injury occurred;
7. mental or emotional disorders, alcoholism and drug addiction;
8. treatment outside the United States except for emergency care for acute onset of sickness or accidental injury sustained while traveling for business or pleasure;
9. travel or activity outside the United States;
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, hang-gliding, deep-sea scuba diving, paragliding, 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. practicing for or participating in any semiprofessional or professional competitive athletic contest for which such insured person receives any compensation or remuneration;
15. operating a motor vehicle without a valid motor vehicle operator’s license, except while participating in a driver’s education program;
16. the following conditions if they are diagnosed within six months after the rider effective date unless confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
17. routine pregnancy; however, complications of pregnancy will be considered the same as any other sickness;
18. an elective abortion;
19. 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 if provided for or in connection with an Injury to sound natural teeth and a continuous course of dental treatment is started within six months of the 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; or
20. cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive surgery is defined as:
   a. surgery as the result an injury, or
   b. surgery to restore a normal bodily function; or
   c. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or breast reconstruction following mastectomy.
21. Also, no benefits will be payable under the rider for:
   a. loss that begins prior to the rider effective date;
   b. treatment for which no charges are made by the provider of same;
   c. services which are primarily for rest care, convalescent care or for rehabilitation; or
   d. any injury or sickness paid for under any state or federal Worker’s Compensation, Employer’s Liability Law or similar law.

Cigna

Loyal American Life Insurance Company, P.O. Box 26580, Austin, TX 78755-0580. 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 a Heart Attack and Stroke or Cancer policy. The full terms and conditions of coverage are stated in, and governed by, an issued policy and riders. The brochure provides a brief description of the important features of policy form series LL-4S5-BA and LL-4SH-BA and applicable riders. THE LUMP SUM HEART ATTACK AND STROKE POLICY PROVIDES LIMITED BENEFITS and should be used to supplement existing medical coverage. THE LUMP SUM CANCER POLICY IS A CANCER ONLY, which should be used to supplement existing medical coverage.

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