LOOKING AHEAD: CANCER TREATMENT INSURANCE POLICY

Help protect against the high costs of cancer.

Together, all the way.®

Cigna®

Insured by Loyal American Life Insurance Company

LOYAL-7-0014-BRO-MD

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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 Cancer Treatment insurance policy provides:

- Benefits for a range of cancer treatments, care and associated costs
- Coverage for you, your spouse and/or your family
- Issue ages from 18 – 99
- Guaranteed Renewable for life *(Subject to the company's right to increase premiums on a class basis)*
- 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® insurance policy, through Loyal American Life Insurance Company, can help protect you financially should you be diagnosed with cancer.

From hospital stays and surgeries, to chemotherapy and radiation treatments, these costs can add up fast, and you may not have money set aside to cover these expenses. That's why we developed coverage that provides benefits for the more commonly-associated cancer costs, as well as the out-of-pocket expenses that could arise, such as child care, transportation and lodging expenses.

No Surprises

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

How it Works

Choose your benefit amounts. You can select the benefit amounts that best fit your lifestyle and your wallet.

Customize your coverage. In addition to the included benefits, you have the flexibility of adding:

- a lump sum cancer or heart attack & stroke rider;
- riders to help cover expenses for confinement in a hospital or intensive care unit (ICU).

 Refer to the chart at the back of the brochure for benefit amounts.

1. American Cancer Society, Cancer Facts & Figures 2014, Page 1.
Use of statistics in this brochure does not imply endorsement of any kind.

Covered benefits

Should you receive a cancer diagnosis, we are here to help you pay for the care and treatment. The following benefits are included in your policy. Refer to the chart for benefit amounts.

Hospital Benefits

Hospital Confinement Benefit

Should your cancer treatment require that you stay at a hospital or the Intensive Care Unit (ICU) of a hospital as an inpatient, we will pay a daily benefit amount for the first 30 days of confinement. If confinement continues after the 3oth day, the daily benefit amount doubles.

Outpatient Diagnostic Benefit

If you receive a positive diagnosis of cancer within 90 days of any type of laboratory test, biopsy, x-ray or other imaging tests, we will pay this benefit amount.

Not payable for multiple diagnoses of the same cancer or for cancer that metastasizes or for recurrence of the same cancer. Limited to a maximum of two payments, per person, per lifetime.

Inpatient Drug & Medicine Benefit

(Payable only if the Hospital Confinement Benefit is also payable)

If you are given drugs and medicine *(approved by the U.S. Food and Drug Administration)*, while confined as an inpatient in a hospital or the ICU of a hospital for the care and treatment of cancer, we will pay the benefit amount for each day. Excludes inpatient drugs and medicines used for radiation treatment and chemotherapy treatment. Limited to a maximum of 10 days per person, per hospital confinement.

Attending Physician Benefit

(Payable only if the Hospital Confinement Benefit is also payable)

We will pay the benefit amount for each day that you receive the professional services of an attending physician while confined as an inpatient in a hospital or the ICU of a hospital for the care and treatment of cancer.

Private Duty Nursing Benefit

(Payable only if the Hospital Confinement Benefit is also payable)

If a private duty nurse is required while confined as an inpatient in a hospital or the ICU of a hospital for the care and treatment of cancer, we will pay the benefit amount for each day.

The private duty nursing service must be other than the nursing services regularly furnished by the hospital or an immediate family member and must be authorized by the attending physician.

Surgical Benefits

Second or Third Surgical Opinions Benefit

If your doctor recommends surgery for the care and treatment of cancer, you may seek a second opinion, and we will pay this benefit amount. If the second opinion differs from the initial surgical opinion, we will pay the benefit amount for a third opinion. The second and third opinions must be obtained from a doctor not in practice with the one rendering the initial surgical opinion.

Physician's Office Surgical Benefit

Should you have surgery performed in a doctor's office for the care and treatment of cancer, we will pay one benefit amount for each day.

Anesthesia for Physician's Office Surgery Benefit

(Payable only if a Physician's Office Surgical Benefit is also payable)

We will pay the benefit amount for each day that you receive the administration of anesthesia during a surgical procedure performed in a doctor's office for the care and treatment of cancer.

Not payable for skin cancer surgeries.

Surgical benefits (cont.)

Outpatient Facility Surgical Benefit

If you have surgery performed at an outpatient facility or on an outpatient basis within a hospital for the care and treatment of cancer, we will pay a benefit amount (once per day, per person) for each day that you undergo surgery.

Anesthesia for Outpatient Facility Surgery Benefit

(Payable only if an Outpatient Facility Surgical Benefit is also payable)

We will pay the benefit amount for each day that you receive the administration of anesthesia during a surgical procedure performed in an outpatient facility or on an outpatient basis within a hospital for the care and treatment of cancer.

Not payable for skin cancer surgeries.

Inpatient Hospital Facility Surgical Benefit

We will pay the benefit amount *(once per day, per person)* for each day that you undergo surgery performed in a hospital on an inpatient basis for the care and treatment of cancer.

Anesthesia for Inpatient Hospital Facility Surgery Benefit

(Payable only if the Inpatient Hospital Facility Surgical Benefit is also payable)

For each day that you receive the administration of anesthesia during a surgical procedure performed in an inpatient hospital facility for the care and treatment of cancer, we will pay this benefit amount.

Not payable for skin cancer surgeries.

Treatment Benefits

Blood, Plasma & Platelet Benefit

When you receive blood, plasma and platelets for the care and treatment of cancer, we will pay the daily benefit amount, except if the blood is replaced by you or your immediate family.

Limited to a maximum of 30 days per person, per calendar year.

In the U.S., **MEN** have a **1** in **2** lifetime risk of developing cancer.[1]

Reconstructive Breast Surgery Benefit

Should you need reconstructive breast surgery as a direct result of surgery for cancer covered under this policy, we will pay the benefit amount when you receive the surgery. Each breast is considered a separate surgical event and includes reconstructive surgery on the opposite breast to obtain symmetry after surgery.

Surgically Implanted Prosthesis Benefit

We will pay the benefit amount when you undergo surgery for implanted prosthetic devices that are prescribed as a direct result of surgery for cancer covered under this policy.

Does not include coverage for tissue expanders or a Breast Tranverse Rectus Abdominis Myocutaneous (TRAM) Flap. Limited to a maximum of two surgically implanted prosthetic devices per person, per lifetime.

Non-Surgical Prosthesis Benefit

We will pay the benefit amount for the purchase of a doctor-prescribed prosthetic device that does not require surgical implantation as a direct result of treatment for cancer, such as special bras, removable breast prostheses, voice boxes, ostomy pouches, wigs and hairpieces.

Limited to one non-surgical prosthetic device per person, per lifetime.

Skin Cancer Benefit

Should you get diagnosed with skin cancer, we will pay the benefit amount for each day that a diagnosed skin cancer is removed by a doctor.

If more than one skin cancer is removed on the same day, we will only pay one benefit amount per day, per person.

Transplant Benefits

Bone Marrow Transplant Benefit

We will pay the benefit amount *(one per person, per lifetime)* when you receive a bone marrow transplant for the treatment of cancer.

Stem Cell Transplant Benefit

When you undergo a peripheral stem cell transplant for the treatment of cancer, we will pay the benefit amount *(one per person, per lifetime)*.

Chemotherapy & Radiation Benefits

Immunotherapy Benefit

We will pay the benefit amount when you receive doctorprescribed immunotherapy for the treatment of cancer.

Payable only once per calendar month and is limited to the calendar month in which the immunotherapy is received. Limited to a maximum of five calendar months per calendar year, per person.

Injected Chemotherapy Benefit

We will pay the benefit amount for each calendar week in which you receive doctor-prescribed injected chemotherapy for the treatment of cancer.

Payable only once per calender week, per person, even if more than one drug is injected within the calendar week and is limited to the calendar week in which the injected chemotherapy is received. Not payable for non-melanoma skin cancer.

Non-hormonal Oral Chemotherapy Benefit

We will pay the benefit amount when you receive doctorprescribed non-hormonal oral chemotherapy for the treatment of cancer.

Payable only once per calendar week, per person, even if more than one drug is prescribed within the calendar week and is limited to the calendar week in which the nonhormonal oral chemotherapy is received in accordance with the prescription. Not payable for non-melanoma skin cancer.

Hormonal Oral Chemotherapy Benefit

We will pay the benefit amount when you receive doctorprescribed hormonal oral chemotherapy for the treatment of cancer.

Payable only once per calendar week, per person, even if more than one drug is prescribed within the calendar week and is limited to the calendar week in which the hormonal oral chemotherapy is received in accordance with the prescription. Not payable for non-melanoma skin cancer.

Anti-Nausea Drug Benefit

If you are receiving chemotherapy or radiation therapy, you will receive the benefit amount for each month that you receive an anti-nausea drug as prescribed by a doctor, excluding medical marijuana.

Payable only once per calendar month, per person, even if more than one drug is prescribed within the calendar month and is limited to a maximum of 10 months per person per calendar year.

Radiation Benefit

We will pay the benefit amount for each calendar week you receive radiation therapy for the treatment of cancer.

Experimental Treatment for Cancer Benefit

The benefit amount will be paid for each day that you receive hospital, medical or surgical care in connection with experimental treatment for cancer within the United States.

Does not include laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other related procedures. Limited to a maximum of 30 days per person, per calendar year.

Travel Benefits

Ambulance Benefit

When you are transported to or from a hospital, by a licensed professional ambulance company for ground or air transportation with the primary reason of obtaining care or treatment for cancer, we will pay this benefit amount.

Limited to a maximum of two combined ground and air ambulance trips per person, per calendar year.

Transportation & Lodging Benefit

When a doctor prescribes treatment for cancer that cannot be obtained at a hospital or outpatient facility within 100 miles from the center of the city where you live *(within the United States)*, we will pay the following for you and an adult companion *(18 years or older)*:

1. **Vehicle transportation (50 cents per mile in excess of 100 miles from the residence)**
2. **Common Carrier transportation (50 cents per mile in excess of 100 miles from the residence)**
3. **Lodging ($100 per day) –** For lodging for either you or your adult companion at a hotel, motel, or other accommodation acceptable by the Company.

Limited to one benefit per day for either you or your adu lt companion.

For **WOMEN**, the lifetime risk of developing cancer is a little more than **1** in **3**.[1]

Waiver of Premium

We will waive future premium payments due under the policy and any attached riders when you meet the following conditions:

1. You are diagnosed with cancer after the policy effective date and while you are covered under the policy; and
2. You are totally disabled for more than 60 days as the result of your diagnosis and treatment of cancer; and
3. Premium payments continue for 60 days after the commencement of your total disability.

Total disability must begin before the policy anniversary following your 65th birthday. Upon approval of this benefit, waiver of premiums will begin on the premium due date next following 60 days of continuous total disability. If you are no longer totally disabled for at least 30 days, this benefit will be discontinued.

Any future total disabilities will be considered a new period of total disability and will need to meet the conditions outlined above. Does not apply to the total disability of your spouse or any child(ren) covered under the policy.

Continuation of Care Benefits

Rehabilitative Therapy Benefit

We will pay the benefit amount for each day you receive physical therapy, occupational therapy or speech therapy prescribed by a doctor for the care and treatment of cancer. If more than one type of rehabilitative therapy is provided to you on the same day, we will only pay one benefit for that day.

Limited to a maximum of 20 days per calendar year, per person and will only be paid if the services are provided by a registered physical, occupational or speech therapist.

Extended Care Facility Benefit

We will pay the benefit amount for each day that you are confined in an extended care facility for the care and treatment of cancer. The confinement must begin within 14 days of a hospital confinement covered under the Hospital Confinement Benefit and on the advice of the attending doctor.

Not payable on the same day as a Hospital Confinement Benefit payable under the policy. Limited to a maximum of 60 days per calendar year, per person.

Hospice Care Benefit

For each day that you receive hospice care from a licensed hospice facility or provider at home, as the result of cancer, we will pay the benefit amount.

Benefits will be paid if you are diagnosed as terminally ill with a prognosis for life of six months or less by a doctor and are no longer receiving treatment to cure your cancer.

Not payable on the same day as a Hospital Confinement Benefit payable under the policy. Limited to a maximum of 30 days per person, per lifetime.

Family Care Benefits

Child Tutorial Services Benefit

We will pay the benefit amount for each day *(maximum of 30 days per calendar year, per insured child)* that your child, covered under the policy, receives scholastic tutorial services provided by a tutor accredited by a state, regional or national accrediting organization while receiving treatment for cancer.

Counseling Benefit

For each day *(maximum of 10 days per calendar year, per person)* that you receive counseling sessions with a licensed or certified mental health professional while receiving care and treatment for cancer, we will pay the benefit amount.

Child Cancer Diagnosis Benefit

If your insured child were diagnosed with cancer and confined to a hospital or the ICU of a hospital for the care and treatment of cancer, we will pay the lump sum benefit amount *(one per insured child, per lifetime)*.

Child Care Benefit

(Payable only if the Hospital Confinement Benefit is also payable)

For each day that you or your covered spouse receives dependent child care services by a licensed child care provider or facility while you or your spouse are confined to a hospital or the ICU of a hospital for the care and treatment of cancer, we will pay the benefit amount.

Limited to one payment, per day (maximum of 30 days per calendar year) regardless of the number of children you or your covered spouse receives child care services.

Pet Boarding or Pet Daycare Benefit

(Payable only if the Hospital Confinement Benefit is also payable)

We will pay this benefit amount for each day that you or your covered spouse receives pet boarding or pet daycare services at a licensed kennel, pet daycare, or veterinarian's office while confined to a hospital or the ICU of a hospital for the care and treatment of cancer.

Limited to one benefit payment per day (maximum of 30 days per calendar year) regardless of the number of pets you or your covered spouse receives pet boarding and pet daycare services.

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 your Cancer Treatment policy, you have the flexibility to add on riders[2] for an additional premium.

Lump Sum Cancer Rider
(Form #LY-LSC-RD-MD)

For added cancer protection, our Lump Sum Cancer Rider pays 100% of your selected benefit amount, from $5,000–$100,000, upon diagnosis of any cancer. This benefit is paid in one lump sum for you to use in any manner you choose!

Lump Sum Heart Attack and Stroke Rider
(Form #LY-LSH-RD-MD)

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

Qualifying events	% of benefit amount payable for each event	Maximum % of benefit amount payable
Heart attack	100%	100%
Heart transplant	100%	
Stroke	100%	
Coronary artery bypass surgery*	25%	
Aortic surgery*	25%	
Heart valve replacement/repair*	25%	
Angioplasty*	10%	
Stent*	10%	

* Payable only once in an insured's lifetime.

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

Should you get sick, have complications of pregnancy or get injured and require hospitalization, this rider will pay the selected benefit amount, from $100 – $1,000, for each day[3] (at least 24 hours) that you are confined[4] to a hospital.

Second Opinion Benefit: If you are required by a utilization review program to consult a second opinion, we will pay the second opinion benefit amount. *Payable only once per period of confinement.*

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

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[3] (at least 24 hours) that you are confined[4] to the intensive care unit as an inpatient.

Second Opinion Benefit: If you are required by a utilization review program to consult a second opinion, we will pay the second opinion benefit amount. Payable only once per period of confinement.

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

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[3] that you are confined[4] to a hospital as an inpatient (double if confined[4] to the intensive care unit as an inpatient).

Second Opinion Benefit: If you are required by a utilization review program to consult a second opinion, we will pay the second opinion benefit amount. Payable only once per period of confinement.

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

2. Rider availability varies by state.
3. Rider must be in force.
4. Under the direction of and under the supervision of a physician.

YOUR BENEFITS

CANCER TREATMENT OPTIONS

HOSPITAL BENEFITS	200	400	700
Hospital Confinement (Benefit doubles for confinement over 30 days)	$200/day	$400/day	$700/day
Outpatient Diagnostic	$100	$200	$350
Inpatient Drug & Medicine (Maximum of 10 days per confinement)	$50/day	$100/day	$175/day
Attending Physician (Limited to the number of days of hospital confinement)	$100/day	$200/day	$350/day
Private Duty Nursing (Limited to the number of days of hospital confinement)	$50/day	$100/day	$175/day
SURGICAL BENEFITS			
2nd or 3rd Surgical Opinion	$275	$275	$275
Physician's Office Surgical	$150/day	$300/day	$525/day
Anesthesia for Physician's Office Surgery	$37.50/day	$75.00/day	$131.25/day
Outpatient Facility Surgical	$400/day	$800/day	$1,400/day
Anesthesia for Outpatient Facility Surgery	$100/day	$200/day	$350/day
Inpatient Hospital Facility Surgical	$1,000/day	$2,000/day	$3,500/day
Anesthesia for Inpatient Hospital Surgery	$250/day	$500/day	$875/day
TREATMENT BENEFITS			
Blood, Plasma and Platelet (30 day maximum)	$500/day	$500/day	$500/day
Reconstructive Breast Surgery	$400	$800	$1,400
Surgically Implanted Prosthesis	$200	$400	$700
Non-surgical Prosthetic Benefit (Paid once per lifetime)	$300	$300	$300
Skin Cancer Benefit	$150/day	$150/day	$150/day
TRANSPLANT BENEFITS			
Bone Marrow Transplant (Paid once per lifetime per covered person; in lieu of outpatient/hospital facility benefits)	$2,000	$4,000	$7,000
Stem Cell Transplant (Paid once per lifetime per covered person; in lieu of outpatient/hospital facility benefits)	$1,000	$2,000	$3,500
CHEMOTHERAPY AND RADIATION BENEFITS			
Immunotherapy (Maximum of five months per calendar year)	$200/month	$400/month	$700/month
Injected Chemotherapy	$200/week	$400/week	$700/week
Non-Hormonal Oral Chemotherapy	$200/week	$400/week	$700/week
Hormonal Oral Chemotherapy	$200/week	$400/week	$700/week
Anti-Nausea Drug (Maximum of 10 months per calendar year)	$50/month	$100/month	$175/month
Radiation	$400/week	$800/week	$1,400/week
Experimental Treatment for Cancer (Maximum of 30 days; Must be NCI approved)	$50/day	$100/day	$175/day
TRAVEL BENEFITS			
Ambulance Benefit (Limit of two occurrences per calendar year)	$250 ground; $1,000 air	$250 ground; $1,000 air	$250 ground; $1,000 air
Transportation and Lodging Benefit	$.50/mile; $100/day	$.50/mile; $100/day	$.50/mile; $100/day
Waiver of Premium	included	included	included
CONTINUATION OF CARE BENEFITS			
Rehabilitative Therapy Benefit (Maximum of 20 days per calendar year)	$50/day	$100/day	$100/day
Extended Care Facility Benefit (Maximum of 60 days per calendar year)	$50/day	$100/day	$100/day
Hospice Care Benefit (Maximum of 30 days per lifetime)	$75/day	$150/day	$150/day
FAMILY CARE BENEFITS			
Child Tutorial Services Benefit (Maximum of 30 days per calendar year)	$50/day	$100/day	$100/day
Counseling Benefit (Maximum of 10 visits per calendar year)	$50/day	$100/day	$100/day
Child Cancer Diagnosis Benefit (Paid once per child, per lifetime)	$5,000	$10,000	$10,000
Child Care Benefit (Maximum of 30 days per calendar year)	$25/day	$50/day	$50/day
Pet Boarding or Pet Daycare Benefit (Maximum of 30 days per calendar year)	$20/day	$40/day	$40/day
RIDERS (available for an additional premium)			
Lump Sum Cancer Rider	$5,000 – $100,000		
Lump Sum Heart/Stroke Rider	$5,000 – $100,000		
Hospital Indemnity Rider	$100 – $1,000 (daily benefits)		
Intensive Care Unit Rider	$100 – $1,000 (daily benefits)		
Hospital Indemnity and ICU Rider	$100 – $1,000 (daily benefits)		

EXCLUSIONS, LIMITATIONS & REDUCTIONS

Please see your policy for exact details.

PRE-EXISTING CONDITION(S): A sickness or injury 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. A condition that is revealed on the application for insurance will not be considered a pre-existing condition unless excluded by a signed waiver. 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 sickness or injury caused by pre-existing condition(s). This 12-month period is measured from the policy and rider effective date for each insured person.

Cancer Treatment Policy & Lump Sum Cancer 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. Diagnosis received outside the United States or its' territories, unless the diagnosis is confirmed in the United States or its territories; or
4. Any illness specifically excluded from the definition of cancer or carcinoma in situ.

Lump Sum Heart Attack and Stroke 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 rider effective date;
3. Diagnosis received outside the United States or its' territories, unless the diagnosis is confirmed in the United States or its territories;
4. Intentionally self-inflicted Injury, suicide or any attempt while sane or insane; and
5. Any illness specifically excluded from the definition of qualifying events listed in the rider.

Hospital Indemnity Benefit, Intensive Care Unit Indemnity Benefit and Hospital and Intensive Care Unit Indemnity Benefit Riders

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. Treatment outside the United States except for emergency care for acute onset of sickness or accidental Injury sustained while traveling for business or pleasure;
4. Travel or activity outside the United States;
5. Participation in any motorized race or contest of speed on sea, land or air;
6. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. Participation in bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, base jumping, off piste skiing, heliskiing, bullriding, rodeo clownsmanship, parakiting, or mountaineering;
8. 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;
9. Practicing for or participating in any semiprofessional or professional competitive athletic contest for which such insured person receives any compensation or remuneration;
10. Payment of any claim, bill, or other demand or request for payment for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral;
11. Routine pregnancy; however, complications of pregnancy will be considered the same as any other sickness;
12. An elective abortion;
13. 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
14. 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
    d. Breast reconstruction following mastectomy.
15. 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.

Loyal American Life Insurance Company, P.O. Box 5700, Scranton, PA 18505-5700, (866) 459-4272. 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 LY-AI-BA-B-AL and applicable riders. 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.

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