



LOOKING AHEAD: CANCER AND HEART ATTACK & STROKE INSURANCE

A Flexible Choice insurance policy helps you focus
on your recovery, not your finances.

Together, all the way.®



Flexible Choice Cancer and Heart Attack & Stroke insurance
Insured by Loyal American Life Insurance Company

LOYAL-9-0029-BRO-V2-NV

896542 08/16

Flexible Choice helps add financial security

Everyone wants to live a happy, healthy life. But cancer, a heart attack or stroke can happen at any time. Having a heart attack or stroke or being diagnosed with cancer can quickly cause financial problems. That's why it pays to plan ahead.

What our base policy offers

- › Flexible lump-sum benefits from \$5,000 to \$100,000 to use any way you like
- › Cash payment can be paid directly to you or to anyone you choose
- › Coverage for you, your spouse and/or your family
- › Issue ages from 18-99
- › Guaranteed renewable for life¹
- › Not affected by any other insurance you may have
- › Riders for added flexibility (for an additional premium)

How your policy works

With Flexible Choice, you can choose either a Cancer or a Heart Attack & Stroke insurance policy. Or for an additional premium you can add a rider that gives you coverage for both Cancer and Heart Attack & Stroke.

You can also customize your coverage by adding other riders (for an additional premium):

- › **Restoration** benefit coverage in case you have another heart attack or stroke diagnosis or procedure
- › **Recurrence** benefit coverage in case you receive a subsequent cancer diagnosis
- › **Hospital indemnity** benefit coverage to help cover hospitalization expenses

Use the money where you need it

Once you have received a lump-sum payment, you can use this money to pay for medical or any other type of living expenses, including:

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



\$174 billion
is the total
projected
cost of cancer
in the U.S.
in 2020.²

1. Subject to the company's right to increase premiums on a class basis.

2. Journal of the National Cancer Institute: Cancer Prevalence and Cost of Care Projections (<http://costprojections.cancer.gov/>), accessed 6/5/14.

Adding extra value

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 #LY-HI-RD-NV)

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 day³ (at least 24 hours) that you are confined⁴ to a hospital as a result of injury, sickness or complications of pregnancy.

Intensive Care Unit Indemnity Benefit Rider

(Form #LY-ICU-RD-NV)

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 day³ (at least 24 hours) that you are confined⁴ to the intensive care unit as an inpatient.

Hospital and Intensive Care Unit Indemnity Benefit Rider

(Form #LY-HICU-RD-NV)

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 day³ that you are confined⁴ to a hospital as an inpatient (double if confined⁴ 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 #LY-ROP-D-NV)

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, less claims paid, as long as the policy is paid up and in force when you pass.



3. Rider must be in force.

4. Under the direction and supervision of a physician.

Cancer insurance

A Cancer insurance policy can help pay for treatment costs or any other expenses. So you can focus on your recovery – instead of your financial situation.

Your Cancer policy

A Flexible Choice Cancer insurance policy pays 100% of your selected benefit amount – from \$5,000 to \$100,000 – if you are diagnosed with cancer while your policy is in force.

Lump-sum cancer coverage	% of selected benefit amount
Cancer	100%
Carcinoma in situ	

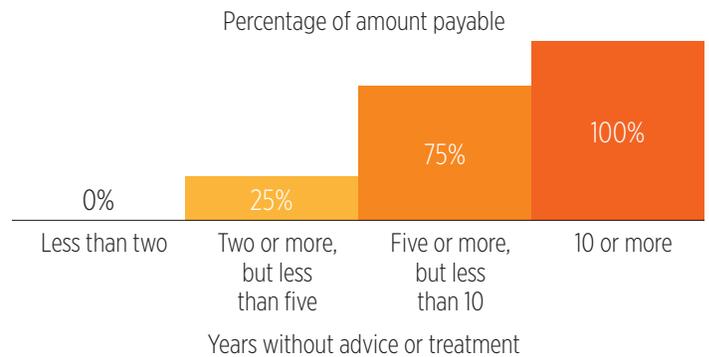
You can use this money to help pay medical expenses or for any other purpose.

This coverage is also available as a rider on a Flexible Choice Heart Attack & Stroke policy.
(Rider form #LY-LSC-RD-NV)

Cancer Recurrence Benefit Rider

(Form #LY-CR-RD-NV)

If you are concerned about your cancer returning, our cancer recurrence benefit rider⁵ may pay a percentage of your selected benefit amount (not to exceed an additional 100%). Benefits are payable as long as you have not received advice or treatment for at least two years from the date of your last cancer diagnosis.



5. Coverage must be in force.



Meet Elizabeth

Elizabeth is a teacher at a local elementary school. During a regular self-exam, she felt something on her breast and scheduled an appointment with her doctor. She was diagnosed with breast cancer. Three years before her diagnosis, Elizabeth had purchased a \$25,000 Flexible Choice Cancer policy which paid her 100% of her \$25,000 selected benefit amount to help pay her expenses as she received treatment.

Ten years later, after treatment and a successful recovery, she was diagnosed with cancer a second time. Because she had added the cancer recurrence benefit rider when she first purchased her policy and had not received additional advice or treatment, she received another \$25,000 (100% of her selected benefit) following her second diagnosis.

Presented for illustration only.

Heart Attack & Stroke insurance

The costs associated with an unexpected heart attack, stroke or other heart-related surgery can be overwhelming. A Heart Attack & Stroke policy can help you spend less time worrying about money and more time working on your recovery.

Your Heart Attack & Stroke policy

With our Flexible Choice Heart Attack & Stroke insurance policy, you can receive a percentage of your selected benefit amount (\$5,000 to \$100,000) if you experience one of the qualifying events shown below. Benefits can be paid up to the maximum amount of your selected benefit amount.

Qualifying events	% of benefit amount payable for each event	Max. % 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%	

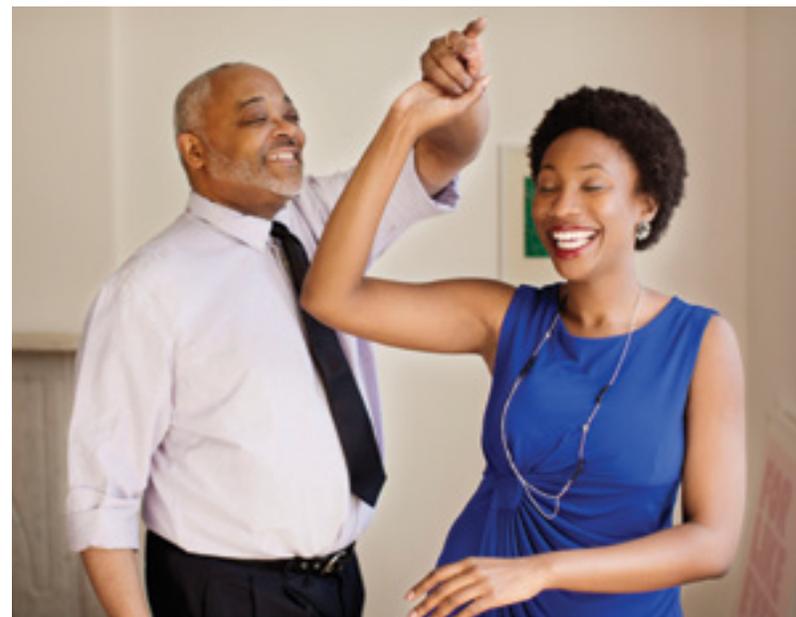
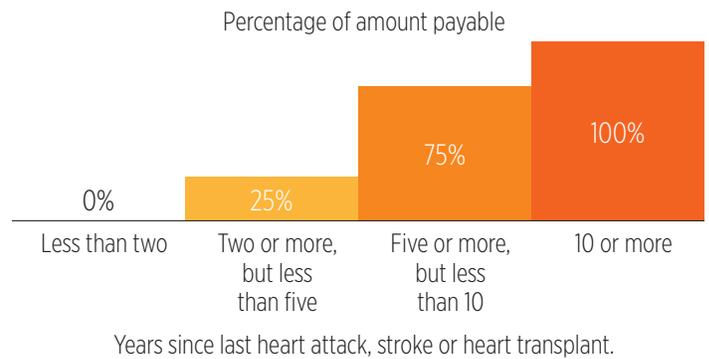
*Payable only once in an insured person's lifetime.

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

This coverage is also available as a rider on a Flexible Choice Cancer policy.
(Rider form #LY-LSH-RD-NV)

Heart Attack & Stroke Restoration Benefit Rider (Form #LY-HR-RD-NV)

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



7.9 million living Americans have suffered a heart attack.⁶

6. The Heart Foundation, Heart Disease Facts, Heart Disease Statistics (<http://www.theheartfoundation.org/heart-disease-facts/heart-disease-statistics/>), accessed 5/13/14.

Exclusions, limitations and reductions

Please see your policy for exact details.

Preexisting condition(s): A condition/conditions regardless of the cause of the condition, for which medical advice or treatment, diagnosis or care was recommended or received during the six months preceding the policy and rider effective date of the new coverage. The term does not include genetic information in the absence of a diagnosis of condition to such information. 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 preexisting 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. Diagnosis received outside the United States or its territories, unless otherwise specified in the policy and/or rider; or
4. 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 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 be refunded.

Hospital Indemnity Benefit, Intensive Care Unit 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. 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 poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
6. Mental or emotional disorders;
7. Treatment outside the United States except for emergency care for acute onset of sickness or accidental injury sustained while traveling for business or pleasure;
8. Travel or activity outside the United States;
9. Participation in any motorized race or contest of speed on sea, land or air;
10. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
11. Participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting or any similar activity;
12. 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;
13. Practicing for or participating in any semiprofessional or professional competitive athletic contest for which such insured person receives any compensation or remuneration;
14. Operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program;
15. 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;
16. Routine pregnancy; however, complications of pregnancy will be considered the same as any other sickness;
17. An elective abortion;
18. 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
19. 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 of 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.
20. 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, PO 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 & 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 forms LY-LSC-BA.v2-B-NV and LY-LSH-BA.v2-B-NV and applicable riders. THE LUMP-SUM HEART ATTACK & 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. This is solicitation for insurance. An insurance agent/producer may contact you.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Loyal American Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.