# CIGNA SUPPLEMENTAL HEALTH BENEFITS

# **Benefit Guide Template**

All eligible employees will have the opportunity to enroll in Cigna's Supplemental Health plans. An unexpected illness or injury can disrupt every facet of your life, including your physical, emotional and financial well-being. Regular expenses, big and small, can add up. These voluntary benefits are designed to help strengthen your overall benefits package and provide additional protection for you and your family through **fixed benefits paid directly to YOU**.

### **Key Features to Consider:**

- > Flexible. Use the money however you want. Pay for anything you need medical deductibles, child care, groceries, etc.
- **Supplement your medical plan.** Benefits are paid in addition to other coverage you may have.
- > Cost effective. Your premium is conveniently deducted from your paycheck at a low group rate.



Pays a fixed, lump-sum cash benefit directly to you¹when you are diagnosed with a covered health condition, such as a heart attack or stroke.

#### **Critical Illness Benefit Example**

Situation: Marco had a heart attack while raking leaves.2

Marco's covered benefits:

Heart attack diagnosis

Critical Illness benefit paid directly to Marco: \$10,000

🎇 Cigna.

#### **Wellness Incentive Benefits**

Your Cigna Supplemental Health plan(s) comes with a Wellness Incentive benefit. This benefit is paid to each covered person who completes at least one wellness treatment, health screening test, or preventive care service.

### If you are interested in enrolling, please indicate your elections during Open Enrollment.

Please note the above descriptions are only a brief summary and examples are provided for illustrative purposes only. Refer to the Benefit Summaries for more details on your coverage, election options, and rates.

## Together, all the way.

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- 1. Benefits may be paid directly to anyone you designate, such as a hospital, upon assignment.
- 2. This is an example used for illustrative purposes only. Your plan's actual costs and benefit amounts may vary. Exclusions and limitations apply.
- 3. The term "hospital" does NOT include a clinic, facility or unit of a hospital for: (1) Rehabilitation, convalescent, custodial, educational, hospice or skilled nursing care; (2) the aged, drug addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

#### CI exclusions and limitations:

Benefits are only payable for a covered critical illness diagnosed by a physician. The benefit amounts payable per condition or per lifetime may be limited depending on plan design. A "heart attack" requires confirmation by diagnostic testing. Examples include EKG or elevation of biochemical/cardiac enzyme markers. Benefits may not be paid for any loss that is the result of: (a) Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; (b) Commission or attempt to commit a felony or an assault; (c) Declared or undeclared war or act of war; (d) Active duty service in the military, naval or air force of any country or international organization (Reserve or National Guard active duty training extending beyond 31 days); (e) Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician (may vary by location); (f) Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant (may vary by location); or (g) A diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

Benefits may not be paid for any loss that is the result of: (a) Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; (b) Commission or attempt to commit a felony or an assault; (c) Declared or undeclared war or act of war; (d) Active duty service in the military, naval or air force of any country or international organization (Reserve or National Guard active duty training extending beyond 31 days); (e) Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician (may vary by location); (f) Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant (may vary by location); (g) Services deemed by the insurer as not being medically necessary; (h) Elective or cosmetic surgery; (i) Dental surgery, unless due to accidental injury; (j) Services or treatment rendered by a person employed or retained by the covered person, providing homeopathic, aroma therapeutic or herbal therapeutic services, living in covered person's household, or who is a parent, sibling, spouse or child of the covered person; or (k) Depending on plan design, pregnancy, including childbirth, occurring within a specified period of time following the date coverage is effective (may not be applicable in all states).

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 "MINIMIUM 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 representative.

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