



FLYR Labs

# Supplemental Health Insurance Options

Plan year: 01/01/2024 – 12/31/2024

Distributed by: Operating subsidiaries of The Cigna Group. Insurance benefits are underwritten by Cigna Health and Life Insurance Company

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# Supplemental Health Benefits

## Supplement your medical plan for extra support

### Low group rates

You may pay less as an employee than you would as an individual for the same coverage

### Convenient payroll deductions

No separate bills to pay or checks to write

### Guaranteed issue

Obtain coverage regardless of your medical history

### Flexible choice

You select the coverage that best suits the needs of you and your family

- Portability:<sup>1</sup> You can take your coverage with you if you retire or leave your company
- Auto compare:<sup>2</sup> Cigna Healthcare<sup>®</sup> will review eligible medical coverages and automatically remind you to submit your Accidental Injury, Critical Illness or Hospital Care claim<sup>2</sup>
- Wellness Auto pay: Cigna will automatically pay eligible wellness benefits for customers who have a qualifying claim. This service is dependent upon receipt of data in a Cigna preferred format.

1. Higher rates may apply.

# Critical Illness Insurance



# Critical Illness Insurance



**Pays a lump-sum benefit directly to you when you are diagnosed with a covered health condition.<sup>1</sup>**

**What you do with the payment is up to you. It can be used for expenses beyond direct medical costs, including:**

- Travel, room and board for medical treatment
- Childcare
- Treatment options not covered by traditional insurance
- Everyday household bills

1. Pays a fixed-dollar, lump-sum benefit amount for diagnosis of a covered critical illness event or specified disease (i.e., heart-attack, cancer or stroke). All plans have exclusions and limitations. Please review your policy for more information about what is and is not covered under your plan.

# Critical Illness Insurance Benefits and Conditions

## Benefits Details

Employee can elect a \$10,000 or \$20,000 benefit

Spouse coverage = 50% of Employee coverage / Child = 25%

## Covered conditions may include:<sup>1</sup>

### Cancer

- Invasive cancer
- Carcinoma in situ
- Skin cancer

### Nervous system

- ALS (Lou Gehrig's disease)
- Advanced Alzheimer's disease
- Parkinson's disease
- Multiple Sclerosis

### Other specified conditions

- Paralysis
- Renal (kidney) failure
- Major organ failure
- Benign brain tumor
- Coma
- Blindness
- Advanced obesity
- Crohn's disease
- Pulmonary embolism

### Vascular

- Heart attack
- Stroke
- Coronary artery disease
- Aortic & cerebral aneurysm
- Advanced heart failure

### Infectious

- Severe sepsis

### Childhood

- Heart wall malformation
- Sickle cell anemia
- Cerebral palsy
- Cystic fibrosis
- Muscular dystrophy
- Poliomyelitis

1. Some benefit payouts vary by condition. These are examples only. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations. See Appendix B for more information.

# Critical Illness Insurance Additional Features

## **Initial Diagnosis benefits:<sup>1</sup>**

Provides benefits when diagnosed with a different covered condition. A 180 separation period between the dates of diagnosis is required.

## **Recurrence Diagnosis benefit:<sup>1</sup>**

Provides coverage after the first payout if a person is diagnosed with the same condition, multiple times. A 12 month separation period between the dates of diagnosis is required.

## **Wellness Incentive benefit:**

Benefit of \$50 per covered person, per calendar year, for a health screening or diagnostic test.

1. Exclusions or limitations may apply. Please see your policy for details. See Appendix B for more information.



# Critical Illness Example: Marco

Marco's estimate

**Marco pays \$8.72<sup>1</sup> a month for employee-only coverage**

**Age:** 40 years old     **Diagnosis:** Covered heart attack<sup>2</sup>

Expenses not covered by traditional medical insurance plan	
Annual deductible and coinsurance	\$6,500
Other expenses not covered: hotel costs, lost wages, childcare, everyday household expenses	\$750
<b>Out-of-pocket costs</b>	<b>\$7,250</b>

Benefit for: Covered heart attack diagnosis	
<b>Benefits paid directly to Marco</b>	<b>\$10,000</b>
Upon covered diagnosis, lump-sum payment is issued directly to Marco to use as he sees fit	

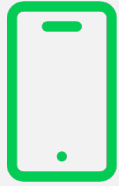
1. Refer to your policy for exclusions, limitations and premiums

2. This is an example used for illustrative purposes only and is not based on an actual customer experience. It's not an actual Cigna customer experience. Actual costs and benefit amounts under your specific plan or policy may vary. A heart attack requires confirmation by diagnostic testing. Examples include EKG or elevation of biochemical/cardiac enzyme markers. .





# Easy Ways to Submit a Claim



**Phone**



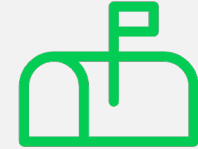
**Online**



**Fax**



**Email**



**Mail**



# Appendix B

## Critical Illness – Common exclusions and limitation

Product availability may vary by location and plan type and is subject to change. **This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.** All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern.

Benefits may not be paid for a condition that existed before your effective date of coverage. The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied. Only one initial benefit may be paid for each covered condition per person and benefits may be subject to separation periods and maximum lifetime limits may apply. Additional benefits may be available under the recurrence benefit, if included. 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 is not excluded unless it extends beyond 31 days); (e) Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; (f) Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; (g) A diagnosis not in accordance with generally accepted medical principles prevailing in the U.S. at the time of diagnosis.

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 "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

The information in this presentation summarizes the highlights of your plans. For a complete list of both covered and non-covered services, including benefits required by your state, see your employer's group insurance policy, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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 Healthcare representative.

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