

Meet Sue

- Skiing Accident
- Fractures Hip



24 HOUR COVERAGE - ACCIDENTAL INJURY: Coverage example

• **Accidental Injury insurance** pays you a fixed cash benefit if you have a qualified accident-related injury. Two plan options available to choose from with benefits including:

- Initial and emergency care, hospitalizations, fractures, dislocations, follow up care
- 24 hour coverage
- You may also enroll your spouse and dependent children in the Accidental Injury benefit.
- Enhanced benefits such as burns, lacerations, durable medical equipment (crutches, etc.) and more.

Benefits paid by accidental injury plan*

	Plan 1	Plan 2
Emergency Room	\$100	\$300
Fractured Hip (Surgery)	\$4,000	\$8,000
Appliances (Crutches)	\$500	\$1,000
Follow-up appointment	\$50	\$100
10 physical therapy visits	\$250	\$500
BENEFITS PAID*	\$4,900	\$9,900
Premium per month (employee only tier)	\$3.00	\$6.27

Although Sue had medical insurance, she received \$4,900 under Plan 1 (or \$9,900 if enrolled under Plan 2) from her accidental injury plan based on the treatment she received.

Sue can utilize these funds to off set deductibles, living expenses, or even a new pair of skis!

*Refer to benefit summary for complete exclusions, limitations and premiums

This is an example used for illustrative purposes only and assumes injuries were the direct result of a covered accident.

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Offered by Life Insurance Company of North America, a Cigna company

Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Concordia Plan Services

Accidental Injury coverage provides a benefit according to the schedule below when a Covered Person suffers Covered Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by *) below.

Who Can Elect Coverage:

You: All active, full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States.

You will be eligible for coverage the first of the month coincident with or following date of hire.

Your Spouse:* Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides 24 hour coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Percentage Amount (unless otherwise indicated)	Employee 100% of benefits shown	Spouse 100% of benefits shown	Children 100% of benefits shown
Initial & Emergency Care	Plan 1	Plan 2	
Emergency Care Treatment	\$100	\$300	
Physician Office Visit	\$50	\$100	
Diagnostic Exam (x-ray or lab)	\$10	\$50	
Ground or Water Ambulance/Air Ambulance	\$100/\$500	\$200/\$1,000	
Hospitalization Benefits	Plan 1	Plan 2	
Hospital Admission	\$400	\$1,200	
Hospital Stay	\$100	\$300	
Intensive Care Unit Stay	\$200	\$600	
Fractures and Dislocations	Plan 1	Plan 2	
Per covered surgically-repaired fracture	\$100-\$4,000	\$200-\$8,000	
Per covered non-surgically-repaired fracture	\$50-\$2,000	\$100-\$4,000	
Chip Fracture (percent of fracture benefit)	25%	25%	
Per covered surgically-repaired dislocation	\$100-\$4,000	\$200-\$6,000	
Per covered non-surgically-repaired dislocation	\$50-\$2,000	\$100-\$3,000	
Follow-Up Care	Plan 1	Plan 2	
Follow-up Physician Office Visit	\$50	\$100	
Follow-up Physical Therapy Visit	\$25	\$50	

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Available Coverage — continued

Enhanced Accident Benefits	Plan 1	Plan 2
Examples:		
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$50	\$125
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$100	\$500
Concussion	\$100	\$200
Coma (lasting 7 days with no response)	\$5,000	\$10,000
<i>Additional Accidental Injury benefits included – See certificate for details, including limitations & exclusions.</i>		

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Monthly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee	\$3.00	\$6.27
Employee and spouse	\$5.13	\$12.49
Employee and child(ren)	\$6.04	\$14.71
Family	\$7.33	\$17.90

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Person: An eligible person who is enrolled for coverage under this Policy.

Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Hospital: An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment of drug or alcohol addiction.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by Subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions & Limitations:*

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person. Excludes: treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 90 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons Age 60 and older, visits for mental or nervous disorders, and visits by a surgeon while confined to a Hospital. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person. Treatment must occur within 90 days of the Covered Accident. **Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 90 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident. Limits: payable once per Covered Accident. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.

Hospital Stay per day: Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; 1 stay per accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 90 days of the Covered Accident.

Follow-up Physician Office Visit: Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physician office visits. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Follow-up Physical Therapy Visit:** Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physical therapy visits. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Large Lacerations:** Treatment by Physician must be received within 90 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. Limits: payable 1 times per Covered Accident. **Coma:** Limits: payable 1 times per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma.

***State Variations**

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative. Spouse definition includes civil union partners in New Hampshire and Vermont. **Specific Benefit Exclusions and Limitations** The timeframe to obtain services following a covered accident is extended in SD and WA. **Common Exclusions** may vary for residents of MN, SC, SD, and WA. **Hospital/ICU Stay** requires a 31 day minimum for Idaho residents. See your Certificate for detail. **Portability** in VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Series 1.2/1.3

Terms and conditions of coverage for Accidental Injury insurance are set forth in Group Policy No. AI 961567. This is not intended as a complete description of the insurance coverage offered. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GAI-00-1000.00. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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CIGNA ACCIDENTAL INJURY BENEFITS

Plans 1 and 2

Cigna Accidental Injury insurance can provide the coverage and additional financial protection employees and their families may need for expenses associated with an unexpected covered accident. With Cigna Accidental Injury insurance, a payment is made directly to you, and what you do with the money is up to you. There are no copays, deductibles, coinsurance or network requirements. Coverage continues after the first covered accident and helps provide additional financial protection for future covered accidents.

COVERAGE AND BENEFIT AMOUNTS

INITIAL CARE AND EMERGENCY CARE

Benefit Type	Plan 1	Plan 2
Emergency Care Treatment Limited to 1 per accident.	\$100	\$300
Physician Office Visit Limited to 1 per accident.	\$50	\$100
Diagnostic Exam (X-ray or lab) Limited to 1 per accident.	\$10	\$50
Ground/Water Ambulance (to nearest hospital)	\$100	\$200
Air Ambulance Limited 1 per accident.	\$500	\$1,000

HOSPITALIZATION

Benefit Type	Plan 1	Plan 2
Hospital Admission Limited to 1 per accident.	\$400	\$1,200
Hospital Stay Limited to 365 days, 1 stay per accident.	\$100 per day	\$300 per day
Intensive Care Unit (ICU) Stay Limited to 365 days, 1 stay per accident.	\$200 per day	\$600 per day

FRACTURES - LIMITED TO 1 PER ACCIDENT

Benefit Type	Plan 1		Plan 2	
	NonSurgical	Surgical	NonSurgical	Surgical
Skull	\$2,000	\$4,000	\$4,000	\$8,000
Hip or Thigh	\$2,000	\$4,000	\$4,000	\$8,000
Vertebrae or Pelvis	\$2,000	\$4,000	\$4,000	\$8,000
Upper Arm	\$500	\$1,000	\$1,000	\$2,000
Shoulder or Collarbone	\$500	\$1,000	\$1,000	\$2,000
Leg	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$400	\$800	\$800	\$1,600
Kneecap	\$400	\$800	\$800	\$1,600

* Unless otherwise assigned.

Plan 1 = Low; Plan 2 = Mid

Together, all the way.®



Insured by: Life Insurance Company of North America or Cigna Life Insurance Company of New York.

FRACTURES - LIMITED TO 1 PER ACCIDENT (continued)

Benefit Type	Plan 1		Plan 2	
	NonSurgical	Surgical	NonSurgical	Surgical
Lower Arm	\$400	\$800	\$800	\$1,600
Foot	\$400	\$800	\$800	\$1,600
Hand or Wrist	\$400	\$800	\$800	\$1,600
Upper Jaw	\$300	\$600	\$600	\$1,200
Lower Jaw	\$300	\$600	\$600	\$1,200
Bones of Face or Nose	\$300	\$600	\$600	\$1,200
Vertebral Processes	\$300	\$600	\$600	\$1,200
Rib More than 1 rib fracture pays 2 times the benefit	\$100	\$200	\$200	\$400
Coccyx	\$100	\$200	\$200	\$400
Finger More than 1 finger pays 2 times the benefit	\$50	\$100	\$100	\$200
Toe More than 1 toe fracture pays 2 times the benefit	\$50	\$100	\$100	\$200
Sternum	\$50	\$100	\$100	\$200
Heel	\$50	\$100	\$100	\$200
Chip Fracture	25% of closed fracture benefit	N/A	25% of closed fracture benefit	N/A
Multiple Fractures	200% of the single fracture benefit for multiple fractures to the same bone	N/A	200% of the single fracture benefit for multiple fractures to the same bone	N/A

DISLOCATIONS - LIMITED TO 1 PER ACCIDENT

Benefit Type	Plan 1		Plan 2	
	NonSurgical	Surgical	NonSurgical	Surgical
Hip Joint	\$2,000	\$4,000	\$3,000	\$6,000
Knee Joint	\$2,000	\$4,000	\$3,000	\$6,000
Bones of Foot	\$2,000	\$4,000	\$3,000	\$6,000
Ankle	\$500	\$1,000	\$1,000	\$2,000
Wrist	\$400	\$800	\$800	\$1,600
Elbow	\$300	\$600	\$600	\$1,200
Shoulder	\$200	\$400	\$400	\$800
Hand	\$200	\$400	\$400	\$800
Collarbone	\$200	\$400	\$400	\$800
Lower Jaw	\$200	\$400	\$400	\$800
Finger or Toe More than 1 pays 2 times the benefit	\$50	\$100	\$100	\$200

FOLLOW-UPCARE		
Benefit Type	Plan 1	Plan 2
Follow-up Physician Office Visit Limited to 10 treatments per accident.	\$50	\$100
Follow-up Physical Therapy Visits Limited to 10 treatments per accident.	\$25	\$50
ENHANCED ACCIDENT BENEFITS - LIMITED TO 1 PER ACCIDENT UNLESS OTHERWISE INDICATED		
Benefit Type	Plan 1	Plan 2
Small Burns (2nd or 3rd degree - 20% or less of body)	\$100	\$300
Large Burns (2nd degree - More than 20% of body)	\$500	\$1,500
Large Burns (3rd degree - More than 20% of body)	\$5,000	\$15,000
Skin graft Benefit (if burn benefit paid)	50% of the applicable benefit for Small Burns or Large Burns	50% of the applicable benefit for Small Burns or Large Burns
Small Lacerations Limited to 2 (<6 inches with 2+ sutures)	\$50	\$125
Large Lacerations Limited to 2 (>6 inches with 2+ sutures)	\$100	\$500
General Anesthesia Benefit	\$50	\$100
Medicine Benefit	\$5	\$10
Medical Supply Benefit	\$5	\$10
Abdominal or Thoracic Surgery	\$1,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Surgery – Repair	\$500	\$1,000
Tendon, Ligament, Rotator Cuff or Knee Surgery – Exploratory	\$500	\$1,000
Ruptured Disc Surgery – Repair	\$500	\$1,000
Eye Injury Surgery	\$200	\$400
Eye Injury – Removal of Foreign Object	\$100	\$200
Emergency Dental – Extraction More than 1 tooth pays 2 times the benefit	\$75	\$150
Emergency Dental – Broken Tooth More than 1 tooth pays 2 times the benefit	\$50	\$75
Concussion	\$100	\$200
Coma	\$5,000	\$10,000
Diagnostic Advanced	\$50	\$150
Appliance (Durable Medical Equipment) Limited to 2. Not including hearing aids, dentures, eyeglasses, cosmetic devices, artificial joint replacements	\$500	\$1,000
Prosthesis (arm, leg, hand, foot, eye) Limited to 2. Not including hearing aids, dentures, eyeglasses, cosmetic devices, artificial joint replacements	\$1,000	\$2,000
Paralysis – Paraplegia (>30 days)	\$10,000	\$30,000
Paralysis – Quadriplegia (>30 days)	\$20,000	\$50,000
Blood, plasma, platelets	\$100	\$600
Transportation (100+ miles one way) This benefit is limited 1 time per Covered Accident. Treatment not available locally with required Hospital Stay.	\$100	\$500
Family Lodging (100+ miles one way) Limited to 30 days. This benefit is payable 1 times per Covered Accident. Treatment not available locally with required Hospital Stay.	\$75 per day	\$150 per day

Plan 1 = Low; Plan 2 = Mid

Benefit - Specific Conditions, Exclusions and Limitations

- **Abdominal or Thoracic Surgery:** If paid, no other surgical benefit will be paid.
- **Ambulance:** Only 1 benefit will be paid whichever is the greater amount.
- **Burns:** Excludes sunburn.
- **Coma:** Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Not payable if a coma is medically induced.
- **Dislocation:** If more than dislocation, only 1 benefit will be paid, whichever is the greater amount.
- **Eye Injury - Removal of Foreign Object:** Benefit not paid if removal occurs during eye surgery and Eye Surgery Benefit is paid.
- **Follow-up Physician Office and Physical Therapy Visits:** Must be examined, treated or prescribed by Physician. First examination or treatment must be within 90 days of the Covered Accident. Subsequent Follow-up Treatment must be completed within 365 days from the Covered Accident.
- **Fracture:** If more than 1 fracture, only 1 benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture.
- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Accident. Excludes: Treatment in an emergency room, provided on an outpatient basis, or for readmission for the same Covered Accident.
- **Hospital Stay:** Must be admitted for at least 23 hours or as an Inpatient and confined to the Hospital, due to a Covered Accident, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater. Hospital Stays within 90 days for the same or a related Covered Accident is considered 1 Hospital Stay.
- **ICU Stay:** Must be admitted for at least 23 hours or Inpatient and confined in an ICU of a Hospital, due to a Covered Accident, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater. ICU Stays within 90 days for the same or a related Covered Accident is considered 1 ICU Stay.
- **Medical Supplies:** Excludes durable medical equipment.
- **Paralysis:** If more than 1 benefit is payable, only the largest available benefit will be paid.
- **Transportation:** Benefits will not be payable if Ambulance benefit is paid.
- **Other:**
 - Requires admissions, stays, surgery, diagnostic exams, diagnosis, visits, ambulance trips, or treatment to be within 90 days of a Covered Accident. Emergency care within 30 days.
 - Excludes routine health examinations or immunizations for persons age 60 and older, visits for Mental or Nervous Disorders or for visits by a surgeon while confined to a Hospital
 - If eligible for Physician Office or Emergency Care benefits for the same Covered Accident, only 1 benefit will be payable, whichever is greater. Not eligible for Physician Office benefit if eligible to receive benefits under Emergency Treatment.
 - Some benefits require stays, treatment, services or items to be diagnosed, performed, prescribed or recommended by a Physician, or in the case of Anesthesia if benefit is payable, a Nurse Anesthetist. For dental services, they must be performed by a licensed dentist.

Common Exclusions

Benefits may not be paid for any loss that is the result of:

- Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
- Commission or attempt to commit a felony or an assault;
- Declared or undeclared war or act of war;
- Active duty service in the military, naval or air force of any country or international organization;
- Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician.
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant;
- Bungee jumping; parachuting; skydiving; parasailing; hang gliding;
- 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 regularly scheduled commercial airline);
- Services or treatment rendered by a health care professional who is: employed, retained by, related to, or living with the covered person; providing homeopathic, aroma-therapeutic or herbal therapeutic services; or
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof (except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food).

ACCIDENTAL INJURY INSURANCE POLICIES PAY LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence.

Product availability, benefits, covered conditions and/or features may vary by location and plan type and is subject to change. All group insurance policies and group benefit plans contain exclusions and limitations. Reduction of benefit provisions and terms under which the policy or plan may be continued in force or discontinued may also apply. For costs and complete details of coverage, contact your Cigna representative.

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