

CRITICAL ILLNESS IS DIFFICULT. FINANCIAL RECOVERY DOESN'T HAVE TO BE.

Cigna Critical Illness Insurance

As employee benefits evolve, Cigna's Voluntary Solutions are positioned to help your employees feel more financially protected. And, as the employer, you get an enhanced benefits strategy that supports your employees and their families.

Cigna is positioned to add value through our voluntary offerings. As a health service company, we have the capabilities and insights to bring a more connected approach to your overall benefits strategy. Through our comprehensive view of health, we deliver personalized and proactive support. One way we do this is through Cigna Critical Illness insurance.

Consider this:

- › A stroke occurs every **40 seconds** and someone dies of a stroke every **four minutes** in the U.S.¹
- › Every year, about **735,000** Americans have a heart attack²
- › Over **1.6 million** new cancer cases expected in the U.S. in 2017³

A cost-effective way to offer your employees more financial protection

A critical illness can happen to anyone at any time. Even with medical coverage, unexpected costs from a critical illness can quickly add up. Expenses may include travel, room and board, child care or treatment options not covered by traditional insurance. That's why having critical illness insurance can be important. With Cigna Critical Illness insurance, employees and their families have additional financial protection to help cover unexpected expenses – so they can focus on getting better.

A lump-sum payment is made directly to the covered person, unless otherwise assigned, for diagnosis of a covered critical illness and the money can be used as the individual sees fit. There are no copays, deductibles, or coinsurance requirements to worry about. Also, depending on plan design, coverage can provide additional protection for later diagnosed conditions (subject to separation periods and benefit maximums may apply).

Issue ages/benefit amounts:⁴ **\$5,000–\$50,000**

- › **Employee (age 18 to 100)** Selects a benefit amount from a list of employer-selected amounts offered (e.g. \$10,000, \$20,000 or \$30,000).
- › **Spouse (age 18 to 70)** Coverage is 50% of the issued employee-paid benefit amount, when selected.
- › **Child(ren) (birth to 26)** Coverage is 25% of the issued employee-paid benefit amount for each child, when selected.

Together, all the way.®



Offered by: Life Insurance Company of North America.

Covered critical illnesses

Cigna's Critical Illness insurance typically covers the following conditions:⁵

- › Invasive cancer
- › Heart attack
- › Stroke
- › End-stage renal (kidney) disease
- › ALS (Lou Gehrig's disease)
- › Blindness
- › Paralysis
- › Major organ failure
- › Coronary artery disease (surgery)
- › Carcinoma in situ
- › Occupational HIV

There's also the ability to include a variety of other conditions depending on state availability, such as:

- › Advanced Alzheimer's
- › Parkinson's disease
- › Multiple sclerosis
- › Skin cancer
- › Benign brain tumor
- › Coma
- › Occupational hepatitis B and C
- › and many more

Help reduce your employees' out-of-pocket costs⁶

Even with major medical coverage, employees can be exposed to out-of-pocket expenses if they are diagnosed with a covered condition. Cigna's Critical Illness insurance reduces employees' financial burden and pays in addition to their health plan coverage.

Customer: Male, 51 years old

Diagnosis: Heart attack

Expenses not covered by medical insurance

Health plan with a \$2,250 deductible:

- | | |
|-------------------------------------|---------|
| • Annual deductible and coinsurance | \$4,500 |
| • Non-covered/out-of-network | \$1,000 |
| • Lost wages | \$3,000 |

Total out-of-pocket: \$8,500

Critical Illness benefit

Consider other possible expenses beyond just insurance out-of-pocket costs:

- Transportation
- Room and board
- Day care
- Alternative treatments

Coverage paid: \$10,000

Additional plan options

- › **Health screening benefit.** Pays a benefit for annual screening tests with additional wellness and healthy living options available depending on plan.
- › **Recurrence benefit.** Provides an additional benefit for subsequent or same covered conditions for which a customer has received a previous payment (a separation period applies).

Value-added programs and services⁷

With Cigna Critical Illness insurance, your employees and their families have access to a suite of programs and services available for use at any time.

- › **Cigna Healthy Rewards®.** Discounts for employees and family members on health and wellness services, including vision and hearing care, diet programs, fitness centers, massage, chiropractic care and acupuncture.
- › **CignaWillCenter.com.** Online tools for employees and spouses to create state-specific legal documents for wills and powers of attorney, and valuable resources for estate and funeral planning.
- › **Cigna Identity Theft.** Identity theft prevention and resolution services, including personal assistance and guidance, education and tools to help prevent identity theft in the future.
- › **Cigna Health Advocacy Services.⁸** Personalized assistance for employees and family members (including parents and parents-in-law) to navigate a wide range of health care and health insurance challenges.

Reasons to offer your employees Cigna Critical Illness insurance

- › **Additional financial protection.** Help protect your employees when they need it most.
- › **Flexible.** Choose the contribution mix and plan design that best enhances your overall benefits package and fits your employees' needs.
- › **Convenient.** Online enrollment and payroll deductions make it convenient for your employees.
- › **Portable.** Coverage may be continued after leaving the employer.⁹ Once the coverage is ported, the covered employee's coverage can stay in place until they reach age 100.
- › **Cost-effective.** No copays, deductibles, or coinsurance.



To learn how Cigna can help protect your employees, contact your Cigna sales representative or broker today.
[Cigna.com/group-voluntary](https://www.cigna.com/group-voluntary)

Exclusions and Limitations. The following are general exclusions and limitations that may apply to group Critical Illness insurance. The terms under your specific plan may vary. See your policy documents for details, including any state-mandated benefits. These policies may apply a waiting period and no benefits will be paid for a covered loss which occurs within any applicable waiting period. Benefits may not be paid for a condition that existed prior to 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 will be paid for each covered condition per person and benefits will be subject to separation periods and maximum lifetime limits. 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.

In addition to the above, the following specific benefit exclusions and limitations may apply to the coverages described: **Skin Cancer** limited to 1x every 12 months with 12 months in between diagnosis; **Invasive Cancer** excludes pre-malignant conditions or conditions with malignant potential, carcinoma in situ, basal cell carcinoma, squamous cell carcinoma of the skin, unless metastatic disease develops, melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.75mm, or melanoma in situ, or may exclude prostate tumor that is classified as T-1a, b, or c, N-O and M-O on a TNM classification scale; also may exclude the recurrence or metastasis of an original cancer that was diagnosed prior to the coverage effective date if they have not been treatment free for a period of time; **Carcinoma in Situ** excludes premalignant conditions or conditions with malignant potential, skin cancers (basal/squamous cell carcinoma or melanoma/melanoma in situ); **Stroke** excludes transient ischemic attacks (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system; **Coronary Artery Disease** excludes angioplasty (percutaneous coronary intervention) and stent implantation or similar procedures; **Coma** excludes any state of unconsciousness intentionally or medically induced from unconsciousness intentionally which the covered person is able to be aroused; **Major Organ Failure** limited to a single benefit amount payable if the covered person has a combination transplant (i.e. heart and lung); recurrence benefit may not be payable for same organ for which a benefit was previously paid; **Paralysis** may exclude loss due to Stroke, Multiple Sclerosis as well as Cerebral Palsy if included as a covered condition; **Occupational Conditions** excludes infections from intravenous drug use or sexually transmitted.

1. American Stroke Association. "Impact of Stroke (Stroke Statistics)." June 2016.

2. CDC, "Know the Signs and Symptoms of a Heart Attack." 2016.

3. American Cancer Society, "Cancer Facts & Figures 2017."

4. Additional options may be available upon request.

5. Will vary by plan design selected by employer.

6. This is an example used for illustrative purposes only. Actual costs would vary. Actual coverage and benefit amounts will vary by policy design. Age based reduction of benefits and benefit waiting periods may apply. Coverage is subject to all terms and conditions as specified in the group policy.

7. **These programs are NOT insurance and do not provide reimbursement for financial losses.** Program availability may vary by plan type and location and is subject to change. Employees are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third-party vendors who are solely responsible for their products and services. Presented here are only the highlights of these programs. Full terms, conditions and exclusions are contained in the applicable client program description and/or vendor service agreement.

8. This program is available at the option of the employer for an additional cost and not available to Health Advocates, Inc. existing clients.

9. Age restrictions may apply.

GROUP CRITICAL ILLNESS INSURANCE POLICIES PAY LIMITED BENEFITS ONLY. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND ARE NOT INTENDED TO 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 A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

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

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