



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

Life Insurance Company of North America

1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits. This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

Your Benefit Summary provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Life Insurance Company of North America. This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage you may have.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased. Please refer to your Benefit Summary for more information, including a listing of the policy exclusions, limitations, and reductions that may affect benefits payable under the Accidental Injury Insurance plan.

WDN – 00-1000.01WA

**Employee-Paid
ACCIDENTAL INJURY INSURANCE**

SUMMARY OF BENEFITS

Prepared for: XL America, Inc
WA Residents

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 Coverage Type below.

Who Can Elect Coverage?:

You: All active, Full-time and Part-time Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 20 hours per week in the United States and residing in the state of Washington.

You will be eligible for coverage immediately.

Your Spouse*: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26 (end of the calendar year in which child turns 26), as long as you apply for and are approved for coverage yourself.

*For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner, if you meet the criteria for Domestic Partnership coverage as defined by your employer. Additional information is available from your Benefit Services Representative.

Spouse definition includes civil union for employees residing in Vermont and includes registered domestic partners for employees residing in California & Oregon.

Available Coverage: This Accidental Injury plan provides off the job only coverage.

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

Initial & Emergency Care	Plan
Ground Ambulance/Air Ambulance	\$400/\$1,600
Emergency Care Treatment	\$300
Diagnostic Exam (x-ray or lab)	\$100
Physician Office Visit	\$150

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

Available Coverage — continued

Hospitalization Benefits	Plan
Hospital Admission	\$1,000
Hospital Stay (per day)	\$200
Intensive Care Unit Stay (per day)	\$400
Fractures and Dislocations	Plan
Per covered surgically-repaired fracture	\$200-\$8,000
Per covered non-surgically-repaired fracture	\$100-\$4,000
Chip Fracture (percent of fracture benefit)	25%
Per covered surgically-repaired dislocation	\$200-\$6,000
Per covered non-surgically-repaired dislocation	\$100-\$3,000
Follow-Up Care	Plan
Follow-up visit to the doctor	\$75
Follow-up physical therapy visits	\$50
Enhanced Accident Benefits	Plan
Examples:	
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$600
Coma (lasting 7 days with no response)	\$10,000
Concussion	\$150

Plus 22 other benefits - See certificate for details, including limitations and exclusions.

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 70 in order to continue your coverage. Rates may change and all coverage ends at age 100.

Integration Services

Clinical Program Referrals – leveraging authorized medical information to make referrals to suitable wellness programs.

Proactive Coverage Review – automatic review and reminder of accidental injury coverage if a claim is filed for other Cigna coverages.

Automatic Claim Approach – automatic submission of an accidental injury claim if a qualifying Cigna Short-Term-Disability accident claim has been filed.

Semi-Monthly Cost of Coverage:

Tier	Plan
Employee	\$5.63
Employee and spouse	\$9.60
Employee and child(ren)	\$9.77
Family	\$13.18

Costs are subject to change, and may be different if certain benefits or riders are not available in certain resident states.

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 from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Important Definitions and Policy Provisions — continued

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; or the aged, drug addicts or alcoholics.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital, home, or facility confined under the care of a physician for sickness or injury; receiving disability benefits; or unable to perform any activities of daily living without assistance.

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. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions 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 caused directly or indirectly, in whole or in part, by:

- 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;
- 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; and
- injuries that occur during the course of any employment for pay, benefit or profit.

Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions & Limitations:

• **Ground Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 365 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; limit 1 benefit per month; only one benefit will be paid ground/air, whichever is greater.

• **Emergency Care Treatment:** Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; limit 1 Covered Accidents per month. Excludes: treatment provided by an Immediate family member, clinic, or doctor's office.

• **Diagnostic Exam:** payable once per Covered Accident, per Covered Person; Treatment must occur within 365 days of the Covered Accident.

• **Physician Office Visit:** Must be diagnosed and treated by a Physician within 365 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. • **Hospital Admission:** Inpatient admission must occur within 365 days of the Covered Accident due to such accident; Limits: payable once per Covered Accident; limit 1 benefit per month. 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 365 days of the Covered Accident. Limits: 365 days per Covered Accident; 1 benefit per month; 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 365 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 365 days of the Covered Accident. Limits: 365 days per Covered Accident, 1 benefit per month; 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 365 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 365 days of the Covered Accident.

• **Follow-up visit to the doctor/Follow-up physical therapy visits:** Limits: 10 benefits for each Covered Person per Covered Accident for both visits to the doctor and also physical therapy visits; limit 1 Covered Accident per month for a Covered Person. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 365 days and treatment must be completed within 365 days of the Covered Accident.

• **Large Lacerations:** Treatment by physician must be received within 365 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. • **Coma:** Limits: payable 1 time 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.

• **Concussion:** Must be diagnosed by a physician within 365 days of the Covered Accident. Limits: payable 1 time per Covered Accident.

THIS POLICY PAYS 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.

Location: WA Residents WA

Terms and conditions of coverage for Accidental Injury insurance are set forth in Group Policy No. AI 960476. 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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