



Supplemental Health and Life Insurance
Insured by Loyal American Life Insurance Company

Cigna Healthcare Choice Hospital Indemnity insurance



IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

Visit [HealthCare.gov](https://www.healthcare.gov) or call **800.318.2596** (TTY: 855.889.4325) to find health coverage options. To find out if you can get health insurance through your job or a family member's job contact the employer.

Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments." If you have this policy through your job or a family member's job, contact the employer.

The future is unpredictable, but your financial health shouldn't be. Gain peace of mind by protecting yourself and your family from out-of-pocket hospital expenses with a Cigna HealthcareSM Choice Hospital Indemnity insurance policy.

The average national cost of:

A hospital stay	An emergency room visit	Ambulance transportation
\$14,101²	\$2,453³	\$940⁴



Issue ages 18–89

and available for individuals, spouses and families.



Guaranteed issue for ages 64–70

with no health questions on select plans.⁵



Simplified underwriting for all other ages

with limited health questions and immediate notification of eligibility.



Rates do not increase

and benefits do not decrease with age or changes in health status.



Unlimited number of hospital confinements

if they are for different covered injuries or illnesses or there are 60 days between admissions for the same covered injury or illness.



Observation Room benefit pays 100%

of the Hospital Confinement benefit on select plans.



Worldwide coverage

with the freedom to choose any hospital, facility or provider.



Guaranteed renewable for life

regardless of age, health or claims, so only you can cancel your policy.⁶

With three policy options—Choice Core, Choice Preferred and Choice Premier—and four optional riders,⁷ Cigna Healthcare provides you with a variety of benefits to explore, allowing you to choose the coverage that best suits your needs and budget.



Ambulance Rider: Pays a benefit for ambulance transportation via ground, water or air. No hospital admission or confinement is required.



Hospital Admission Rider: Pays a benefit for inpatient hospital admission.



Intensive Care Rider: Doubles the Hospital Confinement benefit for confinement in a hospital intensive care unit.



Outpatient Diagnostic Imaging Rider: Pays a benefit for X-rays and major diagnostic exams completed in a hospital, an urgent care center, an emergency room or a provider's office.

All sources and disclosures appear at the end of this document.

1. The term hospital does not include a clinic, facility, or unit of a hospital for: rehabilitation, hospice care, extended care, custodial, educational, or nursing home for the aged, chemically dependent or alcohol dependent.

5. Guaranteed issue is available with the Choice Core, Option 2, \$100–\$400 per day for days 3, 5, 7, 10 plans with no riders. The primary applicant must be the oldest applicant and age 64–70; their spouse and children qualify as guaranteed issue.

6. Subject to the company's right to increase premiums on a class basis.

7. Optional riders available for an additional premium.

Benefits Schedule Exhibit ⁸			
Benefits	Choice Core	Choice Preferred	Choice Premier
Daily Hospital Confinement (base benefit included in plan; a Hospital Confinement option must be chosen)	\$15 per day for days 1–31	\$15 per day for days 1–31	\$15 per day for days 1–31
Hospital Confinement (HC)			
Option 1: 1 day	\$500–\$4,000 (\$10–\$100 increments)	\$500–\$4,000 (\$10–\$100 increments)	\$500–\$4,000 (\$10–\$100 increments)
Option 2: per day for days 3, 5, 7, 10, 20, 31	\$100–\$4,000 (\$10–\$100 increments)	\$100–\$4,000 (\$10–\$100 increments)	\$100–\$4,000 (\$10–\$100 increments)
Observation Room			
If HC Option 1 selected	25% of HC benefit (2 per year)	25% of HC benefit (4 per year)	25% of HC benefit (4 per year)
If HC Option 2 selected	100% of HC benefit (2 per year)	100% of HC benefit (4 per year)	100% of HC benefit (4 per year)
Mental Health Confinement (5 days per year)	100% of HC benefit	100% of HC benefit	100% of HC benefit
Substance Use Confinement (5 days per year)	100% of HC benefit	100% of HC benefit	100% of HC benefit
Ambulance – air/ground/water (2 per year)	–	\$50	\$50
Appliance* (2 per year)	–	\$100	\$100
Emergency Room Treatment (2 per year)	–	\$150	\$150
Skilled Nursing Facility (per day for days 21–100)	–	\$100	\$100
Outpatient Rehabilitation Services** (15 per HC event, 30 per year)	–	–	\$50
Outpatient Surgical Procedure			
If HC Option 1 selected (2 per year)	–	–	25% of HC benefit
If HC Option 2 selected (2 per year)	–	–	100% of HC benefit
X-Ray Imaging (1 per year)	–	–	\$50
Optional Riders – Available with Hospital Confinement Option 1 and Option 2			
Ambulance – air/ground/water (2 per year)	\$50–\$400 (\$50 increments)	\$50–\$400 (\$50 increments)	\$50–\$400 (\$50 increments)
Outpatient Diagnostic Exam & X-ray (2 per year)	\$50–\$500 (\$50 increments)	\$50–\$500 (\$50 increments)	\$50–\$500 (\$50 increments)
Optional Riders – Available with Hospital Confinement Option 2			
Hospital Admission*** (1 per year)	\$100–\$4,000 (\$50 increments)	\$100–\$4,000 (\$50 increments)	\$100–\$4,000 (\$50 increments)
Intensive Care (10 days per year)	100% of HC benefit	100% of HC benefit	100% of HC benefit

*Items that aid in personal mobility, including oxygen equipment; arm, leg, and back braces; and crutches, walkers, and wheelchairs.

**Includes Occupational Therapy, Physical Therapy and Speech Therapy.

***Does not apply to Mental Health Confinement or Substance Use Confinement admissions.

8. Benefits may be paid directly to the hospital upon assignment. Benefits may vary by state and all benefits payable are subject to the terms and conditions of the policy. Actual coverage terms and benefit amounts will vary depending on the terms of your specific policy. Policy terms and conditions apply. This policy pays fixed benefits according to a schedule and may not cover the cost of all medical expenses (it does not pay for medical expenses as incurred). No benefits will be payable for a covered illness or covered injury which, directly or indirectly, in whole or in part, is caused by or results from pregnancy or childbirth (except for complications of pregnancy, nonelective miscarriage and nonelective abortion, which are considered as any other illness), an elective abortion, or complications of such elective abortion. For a complete description of the plan coverage, including plan terms, exclusions and limitations, refer to your plan documents.

Medicare Advantage customer example: Susan



Age: 65
Choice Core Plan: \$300 per day for 5 days
Monthly premium: \$22.60

Susan fell and broke her hip, resulting in total hip replacement surgery and a five-day hospital stay. Her Choice Hospital Indemnity plan paid her \$1,500 to help cover the \$1,500 in out-of-pocket costs.

Susan's Out-of-Pocket Expenses	
Inpatient Hospital Copayment	\$300 x 5 days
Total Out of Pocket	\$1,500
Benefits Paid to Susan	
Hospital Confinement	\$300 x 5 days
Total Lump-Sum Payment	\$1,500

This example is for illustrative purposes only. It's not an actual Cigna Healthcare customer experience.

Traditional medical insurance customer example: John



Age: 42
Choice Premier Plan: \$1,000 for 1 day
Monthly premium: \$36.01

John broke his leg playing softball, resulting in surgery, an overnight hospital stay and physical therapy. His Choice Hospital Indemnity plan paid him \$2,050 to help cover the \$1,995 in out-of-pocket costs.

John's Out-of-Pocket Expenses	
Annual Deductible	\$1,135
20% Copayment	\$860
Total Out of Pocket	\$1,995
Benefits Paid to John	
Ambulance	\$50
Emergency Room Treatment	\$150
Hospital Confinement	\$1,000
Appliance	\$100
Outpatient Rehab Services	\$750
Total Lump-Sum Payment	\$2,050

This example is for illustrative purposes only. It's not an actual Cigna Healthcare customer experience.

- 2. National Center for Health Statistics. "National Health Interview Survey 2020–2021." Centers for Disease Control and Prevention (CDC). Last reviewed: June 26, 2023. <https://www.cdc.gov/nchs/hs/topics/hospitalization.htm>
- 3. Schwartz H, Rae M, Claxton G, Cotlier D, et al. "Emergency department visits exceed affordability threshold for many consumers with private insurance." Peterson-KFF Health System Tracker. December 16, 2022. <https://www.healthsystemtracker.org/brief/emergency-department-visits-exceed-affordability-thresholds-for-many-consumers-with-private-insurance/>
- 4. Fair Health. "Ground Ambulance Services in the United States: A Study of Private Healthcare Claims." February 23, 2022. <https://www.fairhealth.org/article/fair-health-releases-study-on-ground-ambulance-services>



PRE-EXISTING CONDITION LIMITATION: The benefits of this policy will not be payable during the first [3] months that coverage is in force with respect to an insured person for any loss caused by or contributed to by pre-existing condition(s). This [3] month period is measured from the policy effective date for each insured person.

Loyal American Life Insurance Company, PO Box 5700, Scranton, PA 78505-5700. Loyal American Life Insurance Company is a proud member of The Cigna Group family of companies.

This is a solicitation for insurance. An insurance agent/producer may contact you. This brochure is designed as a marketing aid and is not to be construed as a contract for insurance. It provides a brief description of the important features of policy form series LY-HIP-BA-TX, LY-AMB-RD-TX, LY-HAI-RD-TX, LY-ICUH-RD-TX, LY-ODI-RD-TX. The full terms and conditions of coverage are stated in, and governed by, an issued policy and riders. THIS POLICY PROVIDES LIMITED BENEFITS ONLY. Availability may vary by state.

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