



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

**Employee-Paid
ACCIDENTAL INJURY INSURANCE**

SUMMARY OF BENEFITS

Prepared for: City of Jefferson

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain 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 Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 29 hours per week in the United States.

First of the month following date of hire

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

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

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	Medium Plan
Ground Ambulance/Air Ambulance	\$200/\$600
Emergency Care Treatment	\$200
Physician Office Visit	\$100
Hospitalization Benefits¹	Medium Plan
Hospital Admission	\$1,000
Hospital Stay (per day)	\$200
Intensive Care Unit Stay (per day)	\$400
Fractures and Dislocations²	Medium Plan
Per covered surgically-repaired fracture	\$200-\$4,000
Per covered non-surgically-repaired fracture	\$100-\$2,000
Chip Fracture (percent of fracture benefit)	25%
Per covered surgically-repaired dislocation	\$200-\$4,000
Per covered non-surgically-repaired dislocation	\$100-\$2,000
Follow-Up Care³	Medium Plan
Follow-up visit to the doctor	\$100
Follow-up physical therapy visits	\$50
Enhanced Accident Benefits⁴	Medium Plan
Examples:	
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$100

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

Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$200
Coma (lasting 7 days with no response)	\$10,000
Concussion	\$150
<i>Plus 22 other benefits - See certificate for details, including limitations and exclusions.</i>	

Accidental Death and Dismemberment Rider: Expands coverage of Accidental Injury plan for death or dismemberment in addition to the base plan. Examples of benefits include (but are not limited to) payment for death from Automobile accident or total and permanent loss of speech or hearing in both ears. *See certificate for details, including specific limitations and exclusions, and age based reductions that apply to this benefit.*

Bi-Weekly Cost of Coverage:

Tier	Medium Plan
Employee	\$7.28
Employee and spouse	\$9.54
Employee and child(ren)	\$11.27
Family	\$13.52

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. A Covered Accident is a sudden, unforeseeable, external event that results directly in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy. Benefits provided are not intended to cover all medical expenses.

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

Covered Loss: A loss that is one of the Covered Conditions suffered by the Covered Person within the applicable time period described in the Policy.

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, the date you authorize any necessary payroll deductions., or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing. 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.)

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.

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.

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.

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;
- 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; 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 90 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; limit 1 benefits 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. • **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. • **Hospital Admission:** Limits: payable once per Covered Accident; limit 1 benefits 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 as Inpatient for at least 23 hours within 90 days of the Covered Accident. Maximum Benefit Period: 365 days. Limits: 1 benefits 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 benefits 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 as Inpatient for at least 23 hours within 90 days of the Covered Accident. Maximum Benefit Period: 365 days. Limits: 1 benefits 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 benefits 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. •

Follow-up visit to the doctor: Limits: 10 benefits for each Covered Person per Covered Accident; limit 1 Covered Accident per month for a Covered Person.

Follow-up physical therapy visits: Limits: 10 benefits for each Covered Person per Covered Accident; limit 1 Covered Accident per month for a Covered Person. • **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. • **Coma:** Limits: payable 1 times per Covered Accident. Excludes: medically induced coma. • **Concussion:** Limits: payable 1 times per Covered Accident.

1 The term "Hospital" does not include a facility used for: (1) rehabilitation, convalescent, custodial, educational, or nursing care; (2) the aged, drug addicts or alcoholics. 2 If the Covered Person sustains more than one fracture or dislocation as a result of a Covered Accident, we will pay one benefit, whichever is greater. Actual benefits paid will vary depending on the type of covered fracture or dislocation. Must be diagnosed and treated by a Physician within 90 days of the Covered Accident. 3 Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. 4 Payment of Enhanced Accident Benefits applies only if benefits are not payable under the standard policy provisions.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE. THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Location: MO

Terms and conditions for Accidental Injury insurance are set forth in Group Policy No. FLX967561, OK969070, LK965176, CI960321 and AI 960308. 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 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 GCI-00-1000. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192 and Cigna Life Insurance Company of New York (New York, NY.)

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