

**Cigna Supplemental Solutions.**  
Insured by Loyal American Life Insurance Company

**ACCIDENT TREATMENT**  
*Insurance Policy for* **INDIANA**



**BE PREPARED.  
ACCIDENT BENEFITS  
BUILT FOR YOU**

**GO YOU.**



# HOW IT WORKS

Your health is important to living a full and happy life. So planning for the unexpected should be on your to-do list. That's why we offer solutions to help you live the life you were meant to.

Our Accident Treatment insurance policy provides:

- Benefits for a range of accidental injuries, treatments and associated costs
- Coverage for you, your spouse and/or your family
- Issue ages from 18 - 74
- **Guaranteed Renewable to age 80**  
*(Subject to the company's right to increase premiums on a class basis)*
- **ROP Rider for added flexibility**  
*(for an additional premium)*



## Help Ease Financial Issues

You can't predict the future. So, it's good to plan ahead. Cigna Supplemental Solutions, insurance policy, through Loyal American Life Insurance Company, can help protect your lifestyle and well being when an accident occurs.

From bumps and bruises to broken bones, accidents are inevitable, especially with an active lifestyle. Help ease the financial issues that arise when you injure yourself playing tennis or when your five-year old falls off the playground and is rushed to the emergency room (ER).

With our Accident Treatment policy, benefits are paid directly to you, or your designee, throughout the different stages of care. Choose the option that is right for you, your spouse and your dependent children (under age 26) to help protect when the unexpected happens.

## No Surprises

We pay regardless of any other insurance you may have, and we pay directly to you, or your designee.

## How it Works

**Choose your level of coverage.** You can select the package with the benefit amounts that best fit your lifestyle and your wallet.

**Customize your coverage.** In addition to the included benefits, you have the flexibility to add a Return of Premium rider in case your policy goes unused at the time of death.

# COVERED BENEFITS

Should you have an accident, we are here to help you pay for care and treatment. The following benefits are included in your policy. Refer to the chart for benefit amounts.

## Medical Benefits

### Second and Third-Degree Burns Benefit

Should you suffer burns in a covered accident and require medical treatment, we will pay the benefit amount as long as you are treated by a doctor within 72 hours of the accident.

### Skin Grafts Benefit

If you receive one or more skin grafts as the result of a covered injury suffered in a covered accident, we will pay the benefit amount.

### Coma Benefit

We will pay this benefit amount if you are diagnosed and treated for a coma as the result of a covered injury from a covered accident. The coma must be diagnosed by a doctor within 30 days after the accident and persist for at least seven consecutive days.

*Limited to one per person, per lifetime.*

### Concussion (Brain) Benefit

Should you suffer significant head trauma which results in unconsciousness from a covered accident, we will pay this benefit amount. The concussion must be diagnosed by a doctor within 72 hours after the accident using any type of medical imaging procedure such as an x-ray, CT (*computerized tomography*) scan or MRI (*magnetic resonance imaging*).

*Limited to one per person, per covered accident.*

### Dislocation (Separated Joint) Benefit

If you suffer a dislocation as a result of a covered injury caused by a covered accident, we will pay this benefit amount. A dislocation must be diagnosed by a doctor within 14 days and require correction by either surgical or non-surgical treatment by a doctor with anesthesia within 90 days of the accident.

If you suffer **more than one dislocation in a single accident** that requires surgical or non-surgical treatment, we will pay for such dislocations. However, we will pay no more than 150% of the benefit amount for the separated joint involved which has the highest benefit amount.

**For a dislocation requiring treatment without anesthesia or for an incomplete dislocation**, we will pay 25% of the benefit amount for the joint involved.

**If you receive a dislocation and a fracture in the same covered accident**, we will pay for both but no more than 150% of the highest benefit amount for the bone or joint involved.

*Payable only for the first dislocation, per covered accident. Subsequent dislocations of the same joint are not covered.*

### Emergency Dental Work Benefit

Should a covered injury sustained in a covered accident require dental extractions and/or a crown to your sound, natural teeth, we will pay this benefit amount as long as you begin treatment by a doctor or dentist within 72 hours after the accident.

Natural teeth do not include false teeth such as dentures, bridges, veneers, partials, crowns or implants.

*Limited to one per person, per covered accident.*



<sup>1</sup>Centers for Disease Control and Prevention & National Center for Health Statistics, Health, United States, 2012, pg. 4. <http://www.cdc.gov/nchs/data/hus/hus12.pdf>. Use of statistics in this brochure does not imply endorsement of any kind.

## Medical Benefits continued

### Eye Injury Benefit

If you suffer an eye injury as a result of a covered accident which requires surgery or the removal of a foreign object by a doctor within 90 days after the accident, we will pay this benefit amount. An examination with anesthesia will not be considered surgery.

If you later lose sight in your eye as a result of the same covered accident, we will subtract the Eye Injury Benefit amount paid from the Accidental Dismemberment Benefit.

### Fracture (Broken Bone) Benefit

This benefit amount is paid if you suffer a broken bone as a result of a covered accident. The fracture must be diagnosed by a doctor within 14 days after the accident and be corrected by surgical or non-surgical treatment by a doctor within 90 days after the accident.

**If you suffer more than one broken bone** and require treatment (*surgical or non-surgical*), we will pay no more than the amount for the two bones involved which have the highest benefit amounts.

**When a doctor diagnoses a chip fracture**, we will pay 25% of the non-surgical benefit amount for the bone involved.

**If you receive a fracture and a dislocation in the same accident**, we will pay for both. However, we will pay no more than 150% of the benefit amount for the bone or dislocation involved, which ever has the highest benefit amount.

### Laceration Benefit

If you suffer a laceration injury as the result of a covered accident, we will pay the benefit amount if repaired by a doctor within 72 hours.

If the laceration is severe enough to require stitches but the doctor chooses to repair it another way, we will treat it as if it were repaired without stitches.

If you suffer a laceration on your finger or toe and later lose that finger or toe as a result of the same covered accident, we will subtract the Laceration Benefit amount we paid from the Accidental Dismemberment Benefit.

### Paralysis Benefit

If you suffer paralysis for a minimum of 30 days as the result of a covered injury suffered in a covered accident, we will pay this benefit amount.

*Limited to one payment per person, per lifetime.*

### Surgical Procedures Benefit

Should a covered injury received in a covered accident require surgery, we will pay this benefit amount as long as the surgery is performed within one year of the accident.

Two or more surgeries performed through the same incision will be considered one operation with benefits being paid based upon the surgical procedure with the highest benefit amount.

If more than one miscellaneous surgery is performed in a 24-hour period, we will pay for only one miscellaneous surgical benefit.

*Limited to a maximum of two miscellaneous surgeries per person, per calendar year.*

## Hospital and Services

### Ambulance Benefit

When a licensed professional air or ground/water ambulance company transports you to or from a hospital or between medical facilities where treatment is received for a covered injury suffered in a covered accident, we will pay this benefit amount. The air ambulance transportation must occur within 72 hours after the accident and the ground/water ambulance transportation must be within 90 days of the accident.

*Both the air and ground/water transportation benefits are each limited to one payment, per person, per accident with a maximum of two per person, per calendar year.*

### Accident Emergency Treatment Benefit

If a covered injury resulting from a covered accident requires emergency examination and treatment by a doctor in a hospital, ER, urgent care center or doctor's office within 72 hours after the accident, we will pay this benefit amount.

If you receive treatment in an urgent care center or doctor's office as a result of a covered injury suffered in a covered accident and subsequently require treatment in a hospital or ER, you will only receive the highest benefit amount payable.

*Limited to once per 24-hour period and only once per person, per accident.*

### Accident Follow-up Treatment Benefit

We will pay this benefit amount per visit if a covered injury suffered in a covered accident requires additional treatment over and above emergency treatment administered in the first 72 hours following the accident.

Follow-up treatment must begin within 30 days of the accident and must conclude within six months following the accident and must be furnished by a doctor in a doctor's office or in a hospital on an outpatient basis.

*Limited to six visits per person, per accident.*

### Diagnostic Imaging Benefit

If you require one of the following in a hospital, urgent care center, ER or doctor's office while receiving emergency treatment for a covered injury suffered in a covered accident, we will pay this benefit amount for:

1. x-rays; and
2. major diagnostic exams.

*Limited to one x-ray and one major diagnostic exam per person, per accident and two x-rays and two major diagnostic exams per person, per calendar year.*

### Hospital Confinement Benefit

This benefit amount is paid per day that you are confined in a hospital (*excludes an observation unit, ER or outpatient facility*) for at least 18 hours because of a covered injury suffered in a covered accident, as long as you are confined within 60 days after the covered accident.

**If confinement continues** on and beyond the 91st day from initial confinement for the same accident, we will pay two times the benefit amount.

**Should you be confined again** within 90 days for the same covered accident or related condition, we will treat the subsequent confinement as a continuation of the prior confinement. If more than 90 days have passed between confinements, we will treat the subsequent confinement as a new confinement.

Also, we will pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Confinement Benefit concurrently only for the first 15 days of a hospital ICU confinement, after which only the Hospital Confinement Benefit will be paid.

We will not pay the Hospital Confinement Benefit and the Rehabilitation Facility Benefit on the same day; instead, the highest eligible benefit will be paid.

*Limited to 365 days of hospital confinement per person, per covered accident.*

### Hospital Intensive Care Unit Confinement Benefit

This benefit amount is payable for each day that you are confined to a hospital ICU for at least 18 hours as the result of covered injuries suffered in a covered accident if confinement begins within 30 days after the accident.

**If you are confined again to a hospital ICU** within 90 days for the same covered accident or related condition, we will treat the subsequent confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement, we will treat the subsequent confinement as a new confinement.

We will pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Confinement Benefit concurrently only for the first 15 days of a period of confinement in a hospital ICU, after which only the Hospital Confinement Benefit will be paid.

*Limited to 15 days per covered accident.*

*If you are confined to a hospital ICU that does not meet the policy's definition of a hospital ICU, we will pay the Hospital Confinement Benefit.*

### Attending Physician Benefit

With each qualifying day that the Hospital Confinement or Hospital Intensive Care Unit Benefit is payable, we will pay this benefit amount.

### At Home Recovery Benefit

When you sustain a covered injury in a covered accident and your doctor requires at home recovery, we will pay three days of this benefit amount for each qualifying day that the Hospital Confinement or Hospital Intensive Care Unit Confinement Benefits are payable.

*Limited to a maximum of 90 days per person, per covered accident.*

### Blood, Plasma, Platelets Benefit

Should you require the transfusion, administration, cross matching, typing and processing of blood, plasma or platelets (*excludes immunoglobulins*) because of a covered injury suffered from a covered accident, we will pay this benefit amount. The blood, plasma or platelets must be administered within 90 days after the accident.

*Limited to one payment per person, per covered accident.*

In the U.S.,  
**47%**  
of all accidents  
occurred in the  
home in 2010.<sup>2</sup>

Refer to the chart for benefit amounts.

<sup>2</sup>National Center for Health Statistics, NCHS Data on Injuries, May 2012; referencing the National Health Interview Survey, 2010.



## Hospital and Services continued

### Appliance Benefit

If a doctor prescribes the use of a medical appliance, such as crutches, leg or back braces, a walker or wheelchair, as an aid in personal locomotion or mobility, we will pay this benefit amount if use begins within 90 days after the covered accident.

*Limited to one payment, per person, per covered accident.*

### Family Lodging and Meals Benefit

When a covered injury suffered in a covered accident requires confinement in a hospital or hospital ICU on the advice of a doctor, we will pay this benefit amount for a hotel or motel room and meals per day for an immediate family member while you are confined.

The hospital and hotel or motel must be more than 50 miles away, one way, from your residence, using the most direct route.

*Limited to 30 days per covered accident.*

*Not payable for the trip to the hospital.*

### Initial Accident Hospitalization Unit Confinement Benefit

For covered injuries suffered in a covered accident that require confinement in a hospital or hospital ICU for at least 18 hours, we will pay this benefit amount. The confinement must begin within 30 days after the covered accident and cannot be in an observation unit, ER or outpatient facility.

*Payable once per person, per covered accident, per calendar year.*

### Prosthetic Device or Artificial Limb Benefit

Should a doctor prescribe a prosthetic device or artificial limb for functional use after you suffer a dismemberment of a hand, arm, foot, leg or sight in an eye due to covered injuries received in a covered accident, we will pay this benefit amount, provided that the prosthetic device or artificial limb is received within one year of the accident.

This benefit does not include hearing aids, dental aids, false teeth, eyeglasses or cosmetic prosthesis (hair wigs). Joint replacement, unless replacement is the direct result of a covered injury suffered in a covered accident, and replacement of any existing prosthetic device or artificial limb are not covered.

*Payable once per person, per covered accident.*

### Rehabilitative Therapy Benefit

If you are prescribed by a doctor to receive physical, speech and/or occupational therapy as a result of covered injuries received in a covered accident, we will pay this benefit amount for one treatment per day that you are receiving therapy, as long as it is provided by a licensed or certified physical, occupational or speech therapist in an office or hospital.

Your therapy must begin within 60 days after the accident and be completed within six months after the accident.

*Limited to a maximum of six total treatments combined per person, per covered accident.*

*Not payable for the same days that the Accident Follow-Up Treatment Benefit is payable.*

### Rehabilitation Facility Benefit

We will pay this daily benefit amount if you are transferred from confinement in a hospital to a rehabilitation facility for treatment of a covered injury suffered in a covered accident.

*Limited to 30 days per person, per covered accident and limited to 60 days per calendar year.*

*Not payable for the same days that the Hospital Confinement Benefit is payable.*

### Transportation Benefit

Some accidents require special treatment that you may not be able to receive close to home. If your doctor prescribes treatment and confinement in a non-local hospital due to a covered injury received in a covered accident, we will pay this benefit amount. The non-local hospital must be at least 50 miles from the closer of your residence or the site of the accident.

We will also pay this benefit amount for one immediate family member to accompany a covered child, who requires special treatment and confinement in a non-local hospital due to covered injuries received in a covered accident.

*Travel excludes air or ground/water ambulance and is limited to three round trips per person or immediate family member (only if accompanying a covered child), per calendar year.*



## Accidental Death & Dismemberment

### Accidental Death Benefit

Extra coverage for death is important. That's why we include a benefit for adults and a benefit for children if death occurs within 90 days as a direct result of covered injuries caused by a covered accident.

### Accidental Dismemberment Benefit

Depending on the type of covered dismemberment you suffer within 90 days following a covered accident, you will receive a benefit amount.

*Limited to two benefit amounts, per person, per lifetime.*

*In the case of multiple dismemberments resulting from a covered accident, only the highest benefit will be paid.*

## MORE OPTIONS FOR YOU

With your Accident Treatment Policy, you have the flexibility to add on a Return of Premium rider for an additional premium. Your loved ones could receive 100% of all premiums paid on your policy.

### Return of Premium Rider

*(Form Series #LY-ROP-D)*

Our Return of Premium Rider can give you some peace of mind should your policy go unused at the time of death. Your loved ones could receive 100% of all premiums paid (policy and riders) from the rider effective date on, less claims paid, as long as the policy is paid up and in force when you pass.



# YOUR BENEFITS

## ACCIDENT TREATMENT PACKAGES

Medical	BASIC		PLUS		ENHANCED	
<b>2nd Degree Burns</b>						
Less than 20 square centimeters of the body surface	\$75		\$100		\$125	
More than 20 but less than 40 square centimeters of the body surface	\$150		\$200		\$250	
More than 40 but less than 65 square centimeters of the body surface	\$300		\$400		\$500	
More than 65 but less than 160 square centimeters of the body surface	\$450		\$600		\$750	
More than 160 but less than 225 square centimeters of the body surface	\$600		\$800		\$1,000	
More than 225 square centimeters of the body surface of the body surface	\$750		\$1,000		\$1,250	
<b>3rd Degree Burns</b>						
Less than 20 square centimeters of the body surface of the body surface	\$150		\$200		\$250	
More than 20 but less than 40 square centimeters of the body surface	\$375		\$500		\$625	
More than 40 but less than 65 square centimeters of the body surface	\$750		\$1,000		\$1,250	
More than 65 but less than 160 square centimeters of the body surface	\$2,250		\$3,000		\$3,750	
More than 160 but less than 225 square centimeters of the body surface	\$5,250		\$7,000		\$8,750	
More than 225 square centimeters of the body surface of the body surface	\$7,500		\$10,000		\$12,500	
<b>Skin Grafts</b>	\$1,500		\$2,000		\$2,500	
<b>Coma</b> (Duration of at least seven days)	\$7,500		\$10,000		\$12,500	
<b>Concussion (Brain)</b>	\$100		\$150		\$200	
<b>Dislocation (Separated Joint)</b>	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction
Hip	\$1,500	\$375	\$2,000	\$500	\$2,500	\$625
Knee (except Patella)	\$375	\$150	\$500	\$200	\$625	\$250
Shoulder (Glenohumeral)	\$375	\$150	\$500	\$200	\$625	\$250
Sternoclavicular	\$800	\$150	\$900	\$175	\$1,000	\$200
Acromioclavicular and separation	\$700	\$125	\$800	\$150	\$900	\$175
Ankle – Bone or bones of the foot (other than toes)	\$375	\$110	\$500	\$150	\$625	\$200
Lower jaw	\$375	\$190	\$500	\$250	\$625	\$300
Wrist	\$300	\$150	\$400	\$200	\$500	\$250
Elbow	\$300	\$150	\$400	\$200	\$500	\$250
One toe or finger	\$75	\$40	\$100	\$50	\$125	\$65
<b>Emergency Dental Work</b> Broken Teeth Repaired with Crowns / Broken Teeth Resulting in Extractions	\$150 / \$50		\$300 / \$100		\$450 / \$150	
<b>Eye Injury</b> Surgical Repair / Removal of a Foreign Body	\$200 / \$50		\$250 / \$75		\$300 / \$100	
<b>Fracture (Broken Bone)</b>	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction
Hip, Thigh	\$1,500	\$750	\$2,000	\$1,000	\$2,500	\$1,250
Vertebrae	\$750	\$375	\$1,000	\$500	\$1,250	\$625
Pelvis	\$750	\$375	\$1,000	\$500	\$1,250	\$625
Leg	\$750	\$375	\$1,000	\$500	\$1,250	\$625
Arm, Hand, Wrist, Foot & Ankle	\$375	\$190	\$500	\$250	\$625	\$325
Knee Cap, Lower Jaw, Shoulder Blade & Bones of Face or Nose	\$375	\$190	\$500	\$250	\$625	\$325
Rib	\$750	\$75	\$1,000	\$100	\$1,250	\$125
Heel & Finger	\$450	\$75	\$500	\$100	\$625	\$125
Coccyx	\$150	\$75	\$200	\$100	\$250	\$125
Toe	\$150	\$75	\$200	\$100	\$250	\$125
<b>Skull</b> Simple Non-Reduction Skull Fracture / Depressed Skull Fracture	\$375 / \$1,125		\$500 / \$1,500		\$625 / \$1,875	
<b>Lacerations</b>						
Total of all lacerations treated without stitches/sutures	\$25		\$35		\$45	
Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches	\$50		\$100		\$150	
Total of all lacerations is two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches	\$150		\$200		\$250	
Total of all lacerations is over six inches long (over 15.24 centimeters) and repaired by stitches	\$300		\$400		\$500	
<b>Paralysis</b>						
Hemiplegia (Paralysis of one side of the body)	\$5,000		\$10,000		\$15,000	
Paraplegia (Paralysis of lower limbs)	\$5,000		\$10,000		\$15,000	
Quadriplegia (Paralysis of four limbs)	\$10,000		\$20,000		\$30,000	
<b>Surgical Procedures</b>						
Arthroscopy without surgical repair	\$200		\$250		\$300	
Cranial	\$750		\$1,000		\$1,250	
Hernia	\$750		\$1,000		\$1,250	
Thoracic surgery	\$750		\$1,000		\$1,250	
Open abdominal (including exploratory laparotomy)	\$750		\$1,000		\$1,250	
Repair of ruptured discs	\$375		\$500		\$625	
Torn knee cartilages (meniscus)	\$375		\$500		\$625	
Rotator cuffs	\$375		\$500		\$625	
Tendons and/or ligaments	\$375		\$500		\$625	
Miscellaneous surgery requiring general anesthesia	\$200		\$250		\$300	
<b>Hospital and Services</b>						
<b>Accident Emergency Treatment</b> Hospital Emergency Room / Urgent Care Center or Physician's Office	\$100 / \$75		\$150 / \$100		\$200 / \$125	
<b>Accident Follow-Up Treatment</b>	\$25 per visit		\$35 per visit		\$50 per visit	
<b>Ambulance</b> Air / Ground or Water	\$1,000 / \$250		\$1,500 / \$500		\$2,000 / \$750	
<b>Appliance</b>	\$50		\$100		\$125	
<b>At Home Recovery</b>	\$50		\$100		\$150	
<b>Attending Physician</b>	\$50		\$100		\$150	
<b>Blood, Plasma, Platelets</b>	\$100		\$150		\$200	
<b>Diagnostic Imaging</b> X-rays / Major Diagnostic Exams	\$25 per image / \$100 per image		\$30 per image / \$150 per image		\$35 per image / \$200 per image	
<b>Family Lodging And Meals</b>	\$75 per day		\$100 per day		\$125 per day	
<b>Hospital Confinement</b> 1-90 Days / 91-365 Days	\$200 per day / \$400 per day		\$300 per day / \$600 per day		\$400 per day / \$800 per day	
<b>Hospital Intensive Care Unit Confinement</b>	\$300 per day		\$450 per day		\$600 per day	
<b>Initial Accident Hospitalization</b> Hospital / Hospital Intensive Care Unit	\$1,000 / \$1,500		\$1,500 / \$2,500		\$2,000 / \$3,500	
<b>Prosthetic Device/Artificial Limb</b>	\$500		\$1,000		\$1,500	
<b>Rehabilitative Therapy</b>	\$40 per treatment		\$60 per treatment		\$80 per treatment	
<b>Rehabilitation Facility</b>	\$75		\$100		\$150	
<b>Transportation</b>	\$200		\$400		\$600	
<b>Accidental Death &amp; Dismemberment</b>						
<b>Accidental Death in a Common Carrier</b> Policyowner & Spouse / Child(ren)	\$75,000 / \$15,000		\$100,000 / \$20,000		\$150,000 / \$25,000	
<b>Accidental Death in Other Accidents</b> Policyowner & Spouse / Child(ren)	\$25,000 / \$10,000		\$50,000 / \$15,000		\$75,000 / \$20,000	
<b>Loss of Both Arms or Both Legs</b> Policyowner & Spouse / Child(ren)	\$20,000 / \$10,000		\$25,000 / \$12,500		\$40,000 / \$20,000	
<b>Loss of Sight in Both Eyes, Both Hands or Both Feet</b> Policyowner & Spouse / Child(ren)	\$20,000 / \$10,000		\$25,000 / \$12,500		\$40,000 / \$20,000	
<b>Loss of Sight in One Eye, Loss of Hand, Foot, Arm or Leg</b> Policyowner & Spouse / Child	\$10,000 / \$5,000		\$12,500 / \$7,500		\$20,000 / \$10,000	
<b>Loss of Finger(s) and/or Toe(s)</b> Policyowner & Spouse / Child	\$1,000 / \$500		\$1,500 / \$750		\$2,000 / \$1,000	
<b>Riders (available for an additional premium)</b>						
<b>Return of Premium Rider</b>					100% of Premiums (less claims paid)	



## Exclusions, Limitations & Reductions

*Please see your policy for exact details.*

In addition to any benefit-specific conditions, limitations or exclusions, no benefits will be payable for a covered accident or covered injury which, directly or indirectly, in whole or in part, is caused by or results from any of the following:

### Accident Treatment Policy

1. suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury;
2. war or act of war (whether declared or undeclared);
3. commission or attempt to commit an illegal activity or a felony;
4. commission of or active participation in a riot, insurrection, rebellion or police action;
5. active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid during the insured's time of active duty. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 consecutive days;
6. voluntary self-administration of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
7. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident or covered injury occurred;
8. mental or emotional disorders, alcoholism and drug addiction;
9. treatment outside the United States;
10. travel or activity outside the United States;
11. participation in any motorized race or contest of speed on water, land or air;
12. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
13. intoxication as determined according to the laws of the jurisdiction in which the covered accident and/or covered injury occurred;
14. participation in any high risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting or any similar activity;
15. 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 regular-scheduled commercial or charter airline;
16. medical mishap or negligence, including malpractice;
17. sickness, disease, bodily or mental infirmity bacterial or viral infection or any condition resulting from insect, arachnid or other arthropod bites or stings, 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;
18. practicing for or participating in any semiprofessional or professional competitive athletic contest for which such insured person receives any compensation or remuneration; or
19. operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program.

### The following conditions, treatment and/or services are not covered under the policy:

1. care, services or supplies received without charge or legal obligation to pay; or while the policy was not in force;
2. treatment, services and supplies for experimental, investigational or unproven purposes;
3. dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition are not covered, except if provided for or in connection with a covered injury to sound natural teeth and a continuous course of dental treatment is started within six months of the covered injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch;
4. treatment or services from a masseur, massage therapist, or rolfer, massage therapy and any type of holistic therapy which include, but are not limited to, meditation, aromatherapy and relaxation therapy; or
5. repetitive or cumulative motions or stress traumas, which include, but are not limited to, carpal tunnel syndrome, tennis elbow, and thoracic outlet syndrome.



Loyal American Life Insurance Company, P.O. Box 26580, Austin, TX 78755-0580, (866) 459-4272. Loyal American Life Insurance Company is a proud member of the Cigna family of companies.

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 LY-AI-BA-NB-IN and applicable riders. The full terms and conditions of coverage are stated in, and governed by, an issued policy and riders. **THIS POLICY PROVIDES LIMITED BENEFITS FOR AN ACCIDENTAL INJURY ONLY.**

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