FOCUS ON YOUR RECOVERY, NOT YOUR FINANCES.

Flexible Choice Cancer and Heart Attack & Stroke insurance.

Together, all the way.®

Cigna®

Insured by Loyal American Life Insurance Company.

LOYAL-9-0029-BRO-V3-MT

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Flexible Choice helps add financial protection

Everyone wants to live a happy, healthy life. But cancer, a heart attack or stroke can happen at any time. Having a heart attack or stroke or being diagnosed with cancer can quickly cause financial problems. That's why it pays to plan ahead.

What our base policy offers

- Flexible lump-sum benefits from $5,000 to $75,000 to use any way you like
- Cash payment can be paid directly to you or to anyone you choose
- Coverage for you, your spouse and/or your family
- Issue ages from 18–99
- Guaranteed renewable for life[1]
- Not affected by any other insurance you may have
- Riders for added flexibility (for an additional premium)

Your money, your choice. You decide how to use it.

Once you have received a lump-sum payment, you can use this money to pay for your out-of-pocket expenses, including medical costs that may not be covered by medical insurance, and living expenses.[2]

- Deductibles/coinsurance
- Prescription drugs
- Rehabilitation
- Extended hospital stays
- Experimental therapy
- Mortgage payments
- Child care
- Ride shares
- Unexpected expenses

How your policy works

With Flexible Choice, you have the flexibility to choose a Cancer policy, a Heart Attack & Stroke policy or both.

You can also customize your coverage by adding riders (for an additional premium).

- **Benefit Builder** coverage to increase your policy benefit amount each year, up to 35 years
- **Radiation and Chemotherapy** benefit coverage to help cover cancer treatment expenses
- **Recurrence** benefit coverage in case you receive a subsequent cancer diagnosis
- **Restoration** benefit coverage in case you have another heart attack or stroke diagnosis or procedure
- **Specified Disease** benefit coverage to help cover costs related to a covered condition
- **Accident Fixed Indemnity** benefit coverage to help cover expenses after an accident
- **Return of Premium** benefit coverage that pays your beneficiary 100% of premiums if policy is unused at time of death

Meet Elizabeth

Elizabeth is a teacher at a local elementary school. During a regular self-exam, she felt something on her breast and scheduled an appointment with her health care provider. She was diagnosed with breast cancer. Three years before her diagnosis, Elizabeth purchased a $25,000 Flexible Choice Cancer policy which paid her 100% of her $25,000 selected benefit amount to help pay her expenses as she received treatment.

With her benefits, Elizabeth was able to hire a nanny to watch her daughter and help around the house while she was recovering from her treatments. She used the rest of her benefits to pay her medical insurance deductible and some household expenses. This support let Elizabeth focus more on her recovery and less on how she was going to pay her bills.

Presented for illustration only.

Cancer insurance

A Cancer insurance policy can help pay for treatment costs or any other expenses. So you can focus on your recovery – instead of your financial situation.

Your Cancer policy

A Flexible Choice Cancer insurance policy pays 100% of your selected benefit amount, from $5,000 to $75,000, if you are diagnosed with cancer or carcinoma in situ while your policy is in force. In addition, women can receive a benefit amount, as shown in the policy, when they receive a mammogram exam.

You can use this money to help pay out-of-pocket medical expenses or for any other purpose. This coverage is also available as a rider on a Flexible Choice Heart Attack & Stroke policy (Form series #LY-LSC-RD).

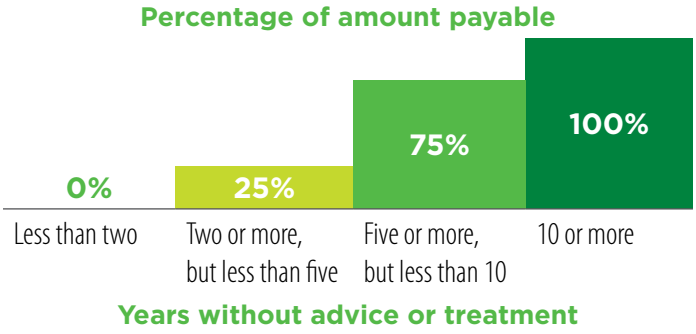
Please refer to page 10 for qualifying event definitions and exclusions and limitations.

While private insurance takes care of many of the costs associated with cancer, patient out-of-pocket costs are nearly $4 billion per year.[3]

☐ Cancer Recurrence Benefit Rider

(Form series #LY-CR-RD)

If you are concerned about your cancer returning, our Cancer Recurrence Benefit Rider[4] may pay a percentage of your selected benefit amount (not to exceed an additional 100%). Benefits are payable as long as you have not received advice or treatment for at least two years from the date of your last cancer diagnosis.



☐ Radiation and Chemotherapy Benefit Rider

(Form series #LY-RC-RD)

This rider is a cost-effective way to enhance your cancer coverage. The Radiation and Chemotherapy Benefit Rider pays the following benefits when an insured person incurs a charge and receives covered treatments for cancer or carcinoma in situ. It must be purchased with the Cancer Recurrence Rider. Benefits are not payable for skin cancer.

Radiation and chemotherapy benefits	Prime	Advantage	Supreme
Immunotherapy[5] (Limited to five months per calendar year)	$300/month	$500/month	$700/month
Injected chemotherapy[5]	$300/week	$500/week	$700/week
Non-hormonal oral chemotherapy[5, 6]	$300/month	$500/month	$700/month
Hormonal oral chemotherapy[5, 6] (Limited to 36 months per lifetime)	$300/month	$500/month	$700/month
Anti-nausea drug[5, 7] (Limited to 10 months per calendar year)	$75/month	$125/month	$175/month
Radiation	$600/week	$1,000/week	$1,400/week
Experimental treatment for cancer[8] (Limited to 30 days per calendar year)	$75/day	$125/day	$175/day

Heart Attack & Stroke insurance

The costs associated with an unexpected heart attack, stroke or other heart-related surgery can be overwhelming. A Heart Attack & Stroke policy can help you spend less time worrying about money and more time working on your recovery.

Your Heart Attack & Stroke policy

With our Flexible Choice Heart Attack & Stroke insurance policy, you can receive a percentage of your selected benefit amount ($5,000 to $75,000) if you receive a diagnosis for one of the qualifying events shown. Benefits can be paid up to the maximum amount of your selected benefit amount.

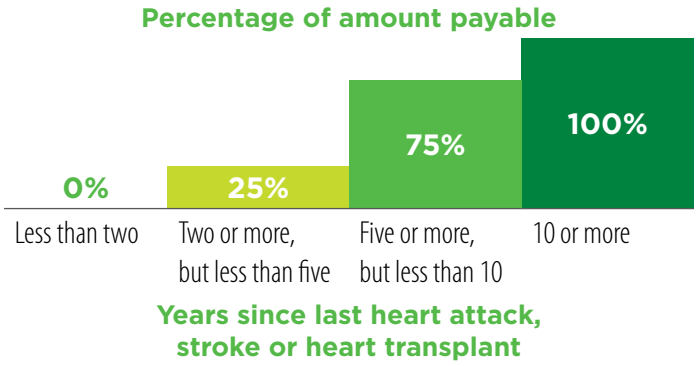
For example, if you selected a $20,000 benefit amount and needed aortic surgery, you would receive 25% of your maximum benefit amount, or $5,000. If you then suffered a stroke, you would receive 100% of the remaining balance of your benefit amount, or $15,000. This coverage is also available as a rider on a Flexible Choice Cancer policy (Form series #LY-LSH-RD).

Please refer to page 10 for qualifying event definitions and exclusions and limitations.

Qualifying events	% of benefit amount payable for each event	Max. % of benefit amount payable
Heart attack	100%	100%
Heart transplant	100%	
Stroke	100%	
Coronary artery bypass surgery[9]	25%	
Aortic surgery[9]	25%	
Heart valve replacement/repair[9]	25%	
Angioplasty[9]	10%	
Stent[9]	10%	

☐ **Heart Attack & Stroke Restoration Benefit Rider**
(Form series #LY-HR-RD)

The additional coverage provided by this rider will pay a percentage of your selected benefit amount if you suffer subsequent heart attacks, strokes or require a heart transplant – not to exceed an additional 100% of your selected benefit amount. These benefits are payable if the date of your last diagnosis for a heart attack, stroke or heart transplant was at least two years before your current diagnosis.



Every 40 seconds, someone in the United States has a heart attack.[10]

Adding extra value to your policy

Sometimes life throws you a curve ball. We offer additional coverage that can help protect you when you need it most. With our cancer and heart attack and stroke policies, you have the flexibility to add on riders[11] for an additional premium.

Please refer to pages 10–12 for qualifying event definitions and exclusions and limitations.

☐ Lump Sum Cancer and Heart & Stroke Benefit Building Riders

(Form series #LY-CBB-RD, LY-HBB-RD)

These riders can be added to the Lump Sum Cancer policy and Heart Attack & Stroke policy to gradually increase your benefit amount over time. Each year, on the rider anniversary date, we will increase the policy benefit amount by $500 or $1,000[12] while the rider remains in force. This annual benefit amount will continue to build each year until the 35th rider anniversary date.

☐ Specified Disease Rider

(Form series #LY-LSD2-RD)

The Specified Disease Rider pays a lump sum benefit if you get a diagnosis or procedure[13] from a physician for one of the covered specified diseases, such as:

- Loss of hearing
- Major organ transplant
- Paralysis
- Blindness
- Coma
- End-stage renal failure

Please consult your outline of coverage for a full list of benefits.

☐ 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, less claims paid, as long as the policy is paid up and in force when you pass.

☐ Accident Fixed Indemnity Rider

(Form series #LY-LSAI-RD)

This rider pays a fixed indemnity benefit when you suffer covered injuries in a covered accident. Benefits include, but not limited to:

- Dislocation
- Fracture
- Concussion
- Eye injury
- Laceration
- Emergency room visit
- Urgent care center visit
- X-ray
- Crutches
- Rehabilitative therapy

This rider also includes benefits for accidental death and dismemberment. Issue ages from 18–74 and guaranteed renewable until age 80.[14] Please consult your outline of coverage for a full list of benefits and benefit amounts.

Meet John

When John was 40, he purchased a Flexible Choice Heart Attack & Stroke insurance policy with a benefit amount of $50,000. He also purchased a Benefit Builder rider which increased his benefit amount by $1,000 each year.

When John was 65, he suffered a heart attack. He was thankful he had purchased the policy and rider when he was younger and in a lower premium age bracket. Since the premium was cost effective, he was able to keep it for 25 years and now his original $50,000 policy was worth $75,000.

How a Benefit Builder rider worked out for John

Lump Sum Heart Attack & Stroke policy benefit	$50,000
Benefit Builder rider ($1,000 x 25 years)	$25,000
Total payout	**$75,000**

Meet Carla

When Carla was 52, she purchased a Flexible Choice Cancer insurance policy with a benefit amount of $15,000 and a Benefit Builder rider which increased her benefit amount by $1,000 each year.

Ten years later, Carla was diagnosed with cancer. With her policy and rider, Carla's total payout was $25,000 which she used to help cover her health plan deductible, travel costs to see her specialist and household bills.

How a Benefit Builder rider helped Carla

Lump Sum Cancer policy benefit	$15,000
Benefit Builder rider ($1,000 x 10 years)	$10,000
Total payout	**$25,000**

Presented for illustration only.

Exclusions, limitations and reductions

Lump Sum Cancer Policy/Rider and Cancer Recurrence Benefit Rider
If you happen to be diagnosed within the first 30 days following the effective date of the policy and/or rider, the benefit amount payable will be reduced to 10% of the selected benefit amount, and your coverage will be terminated. (Not applicable on Cancer Recurrence Benefit Rider and Radiation and Chemotherapy Benefit Rider.)

In addition to any benefit-specific conditions, limitations or exclusions, no benefits will be payable under the policy and/or rider for:

1. Any disease, sickness or incapacity other than cancer as defined; this is so even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by cancer;
2. Loss that begins prior to the policy and/or rider effective date;
3. Diagnosis received outside the United States or its territories, unless otherwise specified in this policy and/or rider; or
4. Any illness specifically excluded from the definition of cancer or carcinoma in situ.

Preexisting condition(s): The benefits of the policy and/or rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by preexisting condition(s). This 12-month period is measured from the policy and/or rider effective date for each insured person. Preexisting condition means a condition/conditions diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the policy and/or rider effective date.

While not an exhaustive list, the following premalignant conditions or conditions with malignant potential are not to be construed as cancer in interpreting the policy and/or rider: premalignant lesions (such as intraepithelial neoplasia); benign tumors or polyps; any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

The term carcinoma in situ does not include: Other skin malignancies; premalignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

Mammogram limitations

1. One mammogram for an insured woman ages 35 to 39;
2. One mammogram every two years for an insured woman ages 40-49, or more frequently, if recommended by a physician; and
3. One mammogram per year for an insured woman age 50 or older.

Lump Sum Cancer Benefit Builder Rider
This rider is subject to the exclusions and limitations outlined in the policy. In addition to any benefit-specific conditions, limitations or exclusions, no benefits will be payable under this rider for:

1. Loss that begins prior to the rider effective date; or
2. Cancer diagnosed before the rider effective date.

Preexisting condition(s): The benefits of this rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by preexisting condition(s). This 12-month period is measured from the rider effective date for each insured person. Preexisting condition means a condition diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the rider effective date.

Lump Sum Heart & Stroke Policy/Rider and Heart & Stroke Restoration Benefit Rider
If the date of diagnosis for two or more qualifying events is the same day, we will pay the larger of the qualifying event benefits diagnosed on that day. If you have two or more surgical treatments at the same time (through a common incision or entry point are considered one operation), we will pay the larger of the qualifying event benefits performed at the same time.

In addition to any benefit-specific conditions, limitations or exclusions, no benefits will be payable under this policy and/or rider for:

1. Any disease, sickness or incapacity other than qualifying events as defined; this is so even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by a qualifying event;
2. Loss that begins prior to the policy and/or rider effective date;
3. Diagnosis received outside the United States or its territories, unless otherwise specified in the policy and/or rider;
4. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
5. 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; or
6. Any illness specifically excluded from the definition of qualifying events listed in the policy and/or rider.

Preexisting condition(s): The benefits of the policy and/or rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by preexisting condition(s). This 12-month period is measured from the policy and/or rider effective date for each insured person. Preexisting condition means a condition diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the policy and/or rider effective date.

The definition of heart attack excludes the following conditions: Congestive heart failure, atherosclerotic heart disease, an EKG change consistent with transient ischemic change, angina, chance finding of EKG changes suggestive of a previous heart attack, coronary artery disease or any other dysfunction of the cardiovascular system, or death of the heart muscle coincident with death of an insured person from other causes.

The definition of stroke excludes the following conditions: Transient ischemic attacks, attacks of vertebrobasilar ischemia, head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits, **as well as an acute cerebral vascular accident persisting for less than 30 days**.

Lump Sum Heart & Stroke Benefit Builder Rider
If an insured person receives benefits for a qualifying event under the heart and stroke diagnosis benefit that is less than 100% of the heart and stroke diagnosis benefit amount, the same percentage will be applied to the benefits accrued under this rider. The accumulated benefit amount payable for the subsequent qualifying event(s) is the total accrued benefit amount minus the total benefit amount received for all previous qualifying events. This rider is subject to the exclusions and limitations outlined in the policy. In addition to any benefit-specific conditions, limitations or exclusions, no benefits will be payable under this rider for:

1. Loss that begins prior to the rider effective date; or
2. A qualifying event diagnosed before the rider effective date.

Preexisting condition(s): The benefits of this rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by preexisting condition(s). This 12-month period is measured from the rider effective date for each insured person. Preexisting condition means a condition diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the rider effective date.

Accident Fixed Indemnity Rider
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.

1. 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 regularly-scheduled commercial or charter airline;
2. Elective or cosmetic surgery or complications of cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection, or other disease of the involved part; or b) due to congenital disease or anomaly of a covered dependent child which has resulted in a functional defect;
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. Commission of or attempt to commit an illegal activity or a felony;
5. 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, bronc or bull riding, or any similar activity;

6. Any motorized race or contest of speed, to include off-road vehicles that may not require a license, for which an insured person receives/received, or intends/intended to receive any compensation or remuneration;
7. Any mental or nervous or emotional disorder, alcoholism and drug addiction;
8. 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 person's time of active duty. Reserve or National Guard active-duty training is not excluded unless it extends beyond 31 consecutive days;
9. Travel, activity or treatment outside the United States;
10. War or act of war (whether declared or undeclared); or
11. Commission of or active participation in a riot, insurrection, rebellion or police action.

The following conditions, treatment and/or services are not covered under the rider.

1. Care, services or supplies received without charge or legal obligation to pay; or while the policy was not in force;
2. Treatment or 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.

Specified Disease Rider

If the date of diagnosis of two or more specified diseases is the same day, we will pay only one specified disease benefit amount. We will pay the larger of the specified disease benefits diagnosed on the same day.

This rider does not cover any sickness, illness, incapacity or procedure other than the specified diseases defined in the rider. This rider is subject to the exclusions and limitations outlined in the policy. In addition to any benefit-specific conditions, limitations or exclusions, no benefits will be payable under this rider for:

1. Intentionally self-inflicted injury, suicide, or any attempt while sane or insane; or
2. Loss that begins prior to the effective date of coverage.

Preexisting condition(s): The benefits of this rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by preexisting condition(s). This 12-month period is measured from the rider effective date for each insured person. Preexisting condition means a condition diagnosed or for which medical advice or treatment was recommended by or received from a physician within the 12 months prior to the rider effective date.

Radiation and Chemotherapy Benefit Rider

This rider is subject to the exclusions and limitations outlined in the policy. In addition to any benefit-specific conditions, limitations or exclusions, no benefits will be payable under this rider for:

1. Loss that begins prior to the rider effective date;
2. Any disease, sickness or incapacity other than cancer as defined; this is so even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by cancer;
3. Diagnosis received outside the United States or its territories, unless otherwise specified in this rider; or
4. Any illness specifically excluded from the definition of cancer or carcinoma in situ.

The experimental treatment for cancer benefit is not payable for laboratory tests, diagnostic x-rays, immunoglobulins, immunotherapy, colony-stimulating factors and therapeutic devices or other procedures related to experimental treatments.

Preexisting condition(s): The benefits of this rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by preexisting condition(s). This 12-month period is measured from the rider effective date for each insured person. Preexisting condition means a condition diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the rider effective date.

While not an exhaustive list, the following premalignant conditions or conditions with malignant potential are not to be construed as cancer in interpreting this rider: Premalignant lesions (such as intraepithelial neoplasia); benign tumors or polyps; or any skin cancer as defined in this rider (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Carcinoma in situ does not include: Other skin malignancies; premalignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

Termination of an insured person's coverage

Coverage under the Lump Sum Cancer policy will terminate on the earliest of: The date premiums are not received when due, subject to the grace period provision; the date you specify in your written request for termination; the date an insured person dies (with a 90-day advance written notice); the date the reduced cancer diagnosis benefit is paid during the first 30 days immediately following the policy effective date; or the date the cancer diagnosis benefit amount is paid, unless additional riders are attached under which benefits are still eligible for payment.

Coverage under the Lump Sum Heart & Stroke policy will terminate on the earliest of: The date premiums are not received when due, subject to the grace period provision; the date you specify in your written request for termination; the date an insured person dies; or the date the maximum percentage of the heart and stroke diagnosis benefit amount is paid for an insured person, unless additional riders are attached under which benefits are still eligible for payment.

1. Subject to the company's right to increase premiums on a class basis.
2. Benefits received in excess of medical expenses may be considered taxable income. Consult your tax advisor.
3. American Cancer Society. The Costs of Cancer, April 2017.
4. Coverage must be in force.
5. Must be physician prescribed.
6. Payable only once per month even if more than one drug is prescribed within the month and is limited to the month in which the charge is incurred.
7. Payable only once per month even if more than one drug is prescribed within the month. Medical marijuana is not covered.
8. Must by approved by either the National Cancer Institute or the American Cancer Society. Not payable for laboratory tests, diagnostic x-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments.
9. Payable only once in an insured person's lifetime.
10. American Heart Association. Heart Disease and Stroke Statistics 2019 At-a-Glance.
11. Rider availability varies by state.
12. Based on the amount you selected at the time of application.
13. Diagnosis must be made within the United States.
14. Subject to the company's right to raise premiums on a class basis.

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This brochure is designed as a marketing aid and is not to be construed as a contract for a Lump Sum Cancer policy or Heart & Stroke or Cancer policy. The full terms and conditions of coverage are stated in, and governed by, an issued policy and riders. The brochure provides a brief description of the important features of policy form series LY-LSC-BA and LY-LSH-BA and applicable riders. This is a solicitation for insurance. An insurance agent/producer may contact you.

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