

## Benefits Frequently Asked Questions (FAQs)

### 1. What is Hospital Care Insurance?

Cigna Healthcare<sup>SM</sup> Hospital Care insurance helps provide the coverage and additional financial protection you and your family may need for expenses associated with a covered hospital\* event. Cigna Healthcare Hospital Care insurance pays a fixed cash benefit directly to you (or whoever you designate) and the money can be used however you want. There are no copays, deductibles, coinsurance, or network requirements. Coverage continues after the first covered hospitalization event and provides additional financial protection for future covered hospital stays.

### 2. Can I Cover my Spouse or dependents?

Yes. If you purchase coverage, you can also buy coverage for your spouse and/or your eligible dependent children, up to age 26.

### 3. How often am I eligible for the Hospital admission benefits?

The Hospital Care policy covers one hospital admission every 90 days.

### 4. Are there limitations on how to use the money received?

No. There are no restrictions on what you do with money you receive. Benefits are paid directly to you and can be used however you see fit. For example, it can help you pay for expenses such as rehabilitation, transportation, childcare, rent or groceries. What you do with the money is up to you.

### 5. Do I need to have medical insurance in order to purchase this plan?

No. You do not need to be enrolled in major medical insurance to purchase this plan.

### 6. Can I enroll in this plan after the enrollment period has ended?

No. You can only enroll during your annual open enrollment period unless you have a qualifying life event or are a new hire within your eligibility period.

### 7. What happens to my coverage if I leave the company?

Your plan is portable. If you leave the company, you will be able to continue your coverage on your own. Once Cigna Healthcare receives a termination indicator, Cigna Healthcare will send a letter to your home with the option of continuing coverage on a direct bill basis. Benefits and rates will remain the same as the inforce master policy.

### 8. How do I file a claim?

Claims should be reported as soon as possible. Claims can be reported by one of the following methods.

- Online: Visit **SuppHealthClaims.com**
- Phone: Call **800.754.3207** to speak to one of our dedicated customer service representatives
- Download a claim form from **SuppHealthClaims.com** and submit via:

Fax: Send completed documents to **866.304.3001**

Email: Send scanned, completed documents to [SuppHealthClaims@Cigna.com](mailto:SuppHealthClaims@Cigna.com)

Mail: Send completed documents to:

**Supplemental Health Solutions**

**P.O. Box 188028**

**Chattanooga, TN 37422**

### 9. When should I file a claim?

You should report a claim to Cigna Healthcare as soon as possible. Typically, claims should be reported within 31 days, however, claims must be reported no later than 15 months from the date of hospitalization.

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### 10. How am I notified of the decision and/or paid?

If the claim is approved, you will receive your check, along with an explanation of benefits (EOB) or an approval letter advising you of the decision. If the claim is denied, you'll receive an EOB or a letter explaining why the claim was denied, along with instructions on how to appeal the denial. Benefits are paid directly to you\* for a covered critical illness, accidental injury or hospitalization.

### 11. How do I contact Customer Service if I have any additional questions?

For questions, or to check on the status of your claim, call 800.754.3207 from 8:00 am to 8:00 pm (ET).

### 12. What is Accidental Injury insurance?

Cigna Healthcare Accidental Injury insurance can provide the coverage and additional financial protection you and your family may need for expenses associated with an unexpected covered accident. With Cigna Healthcare Accidental Injury insurance, a fixed cash benefit payment is made directly to you (or whoever you designate) and the money can be used however you want. There are no copays, deductibles, coinsurance or network requirements. Coverage continues after the first covered accident and helps provide additional financial protection for future covered accidents.

### 13. What is considered a “covered” Accident?

A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:

- Occurs while the Covered Person is insured under this Policy;
- Is not contributed to by disease, sickness, mental or bodily infirmity;
- Is not otherwise excluded under the terms of the Policy.

### 14. Will I be covered if I’m injured at work?

Yes. Benefits under this plan have 24 hour coverage, so covered injuries that take place at work might be payable.

### 15. Is there a limit on the number of accidents per year or per family member?

No. There is no limit to the number of accidents per year or per family member, but there may be benefit limitations or maximums on certain benefits. For example, there is a maximum of 10 Physical Therapy treatments per Accident. For a list of any benefit condition or benefit limitations, please see your complete benefit summary or policy.

### 16. Is my Accidental Injury policy compatible with a Health Savings Account (HSA)?

Yes. Accidental Injury policies are compatible with any Flexible Spending Plan (FSA) or Health Savings Account (HSA). The money in a FSA or HSA can only be spent on out-of-pocket medical expenses. Any benefits you receive from the Accidental injury Plan do not coordinate with and are not reduced by your HSA money or health insurance benefits and you can use your Accidental Injury Plan benefits in any way you want or need.

### 17. What is Critical Illness insurance

Cigna Healthcare Critical Illness insurance pays you (or whoever you designate) a fixed, lump-sum cash benefit for a diagnosis (after the coverage effective date) of a covered Critical Illness or specified event like a heart attack or stroke. It can help you pay for expenses such as travel, room and board, transportation, child care or treatment options not covered by traditional insurance. What you do with the money is up to you.

### 18. What conditions are covered under the Critical Illness plan?

The Benefit Summary will provide a full listing of covered Conditions and Illnesses. However, some examples include: Cancer, Heart Attack, Stroke, Coronary Artery Disease, Benign Brain Tumor, Multiple Sclerosis, Parkinson's, Alzheimer's and Blindness, to name a few.

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**19. If I was previously diagnosed with cancer, will a Cancer benefit ever be paid again?**

Yes. If you are diagnosed with a new cancer, this will be covered as long as the diagnosis occurs after your coverage effective date with Cigna Healthcare. If you are diagnosed with the same cancer as before (after your coverage effective date), this may be covered as long as you have completed your physician recommended treatment and the physician confirms there is no evidence of active primary malignant disease. Maintenance medications are not considered treatment.

**20. Which plans offer a Wellness Benefit?**

The Hospital Care and Critical Illness plans offer a Wellness Benefit payout when you or your covered dependents participate in an eligible health screening or wellness treatment. Each plan pays a one-time annual amount of Critical Illness (\$50) and Hospital Care (\$75). If you participate in noted programs, you must file a claim with Cigna to receive the benefit.

**21. How do I file a claim with Cigna?**

Log in online at myCigna.com or the myCigna App to file a claim.

**To file your claim online:**

1. Log in to myCigna.com
2. Under the "Coverage" tab at the top of the screen, select "Supplemental Health"
3. Scroll to the bottom of the page and click "Submit a claim"
4. Complete the online claim form

Cigna Customer Service Center at 1-800-754-3207.